

REPORT
OF THE
DEPARTMENT OF HEALTH
FOR THE
FISCAL YEAR ENDED MARCH 31, 1923

PRINTED BY ORDER OF PARLIAMENT



OTTAWA
F. A. ACLAND
PRINTER TO THE KING'S MOST EXCELLENT MAJESTY
1923

REPORT
OF THE
DEPARTMENT OF HEALTH

*To General His Excellency the Right Honourable Lord Byng of Vimy, G.C.B.,
G.C.M.G., M.V.O., Governor General and Commander in Chief of the
Dominion of Canada.*

MAY IT PLEASE YOUR EXCELLENCY:

I have the honour to submit, herewith, for the information of Your Excellency and the Parliament of Canada the Annual Report of the Department of Health, being for the year ended March 31, 1923.

I have the honour to be, sir,

Your Excellency's most obedient servant,

H. S. BÉLAND,
Minister of Health.

OTTAWA, September 15, 1923.

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REPORT

OF THE

DEPARTMENT OF HEALTH

FOR THE FISCAL YEAR ENDED MARCH 31, 1923

OTTAWA, September 1, 1923.

Honourable H. S. BÉLAND, M.D.,
Minister of Health,
Ottawa.

SIR,—I have the honour to report on the Department of Health for the year ended March 31, 1923, under the following headings:—

1. Quarantine Service.
2. Immigration Medical Service.
3. Marine Hospitals Service.
4. Venereal Disease Control.
5. Housing, with Hospitalization and Sanitation.
6. Opium and Narcotic Drugs.
7. Proprietary or Patent Medicines.
8. Child Welfare.
9. Food and Drug Laboratories.
10. Public Works Health Act.
11. Financial Statement.

J. A. AMYOT,
Deputy Minister of Health.

(1) QUARANTINE SERVICE

Organized Quarantine Stations were kept in operation at Charlottetown, P.E.I.; Chatham, N.B. (Middle Island); Halifax, N.S. (Lawlor's Island); Louisburg, N.S.; North Sydney, N.S.; Quebec, Que. (Grosse Isle); St. John, N.B. (Partridge Island); and Victoria, B.C. (William Head).

The total number of vessels which reported at the various stations was 1,897 and the number of persons inspected 289,292, made up as follows:—

Passengers	{ 1st class.....	21,032	
	{ 2nd class.....	41,467	
	{ Steerage.....	74,508	
		<hr/>	137,007
Crews.....			151,828
Cattlemen.....			266
Stowaways.....			149
Distressed seamen.....			42
Total.....			<hr/> 289,292

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DISTRIBUTION OF VESSELS INSPECTED

Stations	Vessels
Charlottetown, P.E.I.....	3
Chatham, N.B.....	11
Halifax, N.S.....	305
Louisburg, N.S.....	15
North Sydney, N.S.....	106
Quebec, Que.....	903
St. John, N.B.....	269
Victoria, B.C.....	285
Total.....	1,897

DISTRIBUTION OF PERSONNEL INSPECTED

	Char- lottetown	Chatham	Halifax	Louis- burg	North Sydney	Quebec	St. John	Vic- toria	Total
<i>Passengers</i>									
1st class.....			6,507		9	5,529	1,501	7,486	21,032
2nd class.....			2,365			31,766	4,098	3,238	41,467
Steerage.....			13,987			32,837	12,716	14,968	74,508
Crews.....	49	247	22,859 23,178	522	9 3,299	70,132 71,438	18,315 18,326	25,692 34,769	137,007 151,828
Cattlemen.....						254	12		266
Stowaways.....			30	3	5	91	20		149
Distressed seamen.....			38				4		42
Total.....	49	247	46,105	525	3,313	141,915	36,677	60,461	289,292

The total number of persons admitted to the quarantine hospitals and detention buildings was 638, distributed as follows:—

Halifax, N.S.....	49
Quebec, Que.....	439
St. John, N.B.....	74
Victoria, B.C.....	76
Total.....	638

Of these 638 persons, 128 were actually sick; the balance of 510 was made up of contacts and persons accompanying the sick, including 331 detained as possible smallpox contacts. Tabulated statements follow showing the distribution by stations of hospital cases, etc., also their classification by disease.

The total number of days in hospital and detention buildings was 6,075, viz., 1,894 for the sick and 4,181 for the contacts, etc.

DISTRIBUTION OF HOSPITAL CASES

Stations	Sick	Hospital days	Contacts and persons accom- panying sick	Hospital days	Persons detained for ob- servation including smallpox contacts	Hospital days	Total persons detained	Total hospital days
Halifax.....	15	301	6	89	28	168	49	558
Quebec.....	86	1,170	134	1,439	219	1,457	439	4,066
St. John.....	20	303	31	391	23	69	74	763
Victoria.....	7	120	8	109	61	459	76	688
Total.....	128	1,894	179	2,028	331	2,153	638	6,075

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CLASSIFICATION OF HOSPITAL CASES BY DISEASES

Diseases	Sick	Hospital days	Contacts etc.	Hospital Days	Total persons detained	Total hospital days
Acute cold*.....	1	7	3	21	4	28
Adenitis.....	1	6	.....	.....	1	6
Bronchitis*.....	5	58	1	16	6	74
Broncho-pneumonia.....	1	20	2	40	3	60
Chronic constipation.*.....	1	15	2	30	3	45
Chickenpox.....	8	91	13	135	21	226
Dermatitis*.....	2	14	2	14	4	28
Dental abscesses*.....	1	5	5	25	6	30
Diphtheria.....	8	94	15	197	23	291
Erysipelas.....	1	6	1	6	2	12
Erythema simplex*.....	1	5	2	10	3	15
German measles.....	3	25	7	70	10	95
Gastro-intestinal disorder*.....	1	8	1	8	2	16
Influenza.....	1	13	5	65	6	78
Intestinal toxemia*.....	2	8	4	16	6	24
Measles.....	59	902	81	1,007	140	1,909
Mumps.....	3	28	4	30	7	58
Observation—Smallpox con- tacts.....	.....	.....	331	2,153	331	2,153
Pharyngitis*.....	1	5	.....	.....	1	5
Pneumonia*.....	1	3	.....	.....	1	3
Pyrexia (unknown origin).....	1	2	3	6	4	8
Round worms*.....	1	8	5	40	6	48
Relapsing fever*.....	3	159	.....	.....	3	159
Scabies.....	4	120	2	60	6	180
Scarlet fever.....	9	206	8	122	17	328
Smallpox.....	2	31	3	38	5	69
Teething rash*.....	1	6	6	36	7	42
Tonsilitis*.....	5	44	4	36	9	80
Urticaria*.....	1	5	.....	.....	1	5
Totals.....	128	1,894	510	4,181	638	6,075

*These cases were landed at Quarantine for observation on account of pyrexia, indicating possible infectious disease. Conditions were later diagnosed as stated.

One thousand seven hundred and seventy-two persons were vaccinated in accordance with the Quarantine Regulations, as follows:—

Quebec (Grosse Isle).....	1,024
Halifax (Lawlor's Island).....	28
St. John (Partridge Island).....	49
Victoria (William Head).....	671
Total.....	1,772

Notwithstanding serious epidemics of infectious diseases in countries of Europe and the Orient from which a large percentage of the passenger traffic to Canada originated, the graver quarantinable diseases were met with in but two instances, viz., one case of smallpox at Quebec, and one at William Head. These are referred to in detail in the respective reports of the medical superintendent of these stations.

Grosse Isle, Quebec.—Dr. G. E. Martineau, Medical Superintendent of the St. Lawrence Quarantine Service, writes as follows:—

“There were 903 steamers cleared at the station during the last navigation season (1922), being 201 more than the preceding season, an increase of about 29 per cent. The average number of steamers cleared per season during the past 21 years was 392, so that this season's work is about 130 per cent more than the average. Of the 903 vessels inspected, 155 or 17 per cent were passenger steamers. The total number of persons examined was 141,915 an increase of 5,887 over last year. So far as passengers are concerned, however, as distinct

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from crews, while there was an increase of 41 in the number of passenger ships inspected over last season, there was an actual decrease in the number of passengers examined of 9,727 as compared with 1921.

"Sick were landed at the Quarantine Station on forty (40) different occasions. In four instances, on the ss. *Andania*, *Tunisian*, *Canada*, and *Empress of Britain*, third-class passengers who had refused vaccination during the voyage were vaccinated at quarantine.

"The ss. *Lake Winthrop*, with crew of 33, arriving here June 21, with an unclean bill of health from La Romana, West Indies, was held for three days to complete the period of incubation of variola (smallpox) which was epidemic at her sailing port. The captain claimed that his crew had been vaccinated before embarkation, on June 8, but no evidence being apparent of the vaccine having taken, they were revaccinated at quarantine and kept under observation as above stated.

"The ss. *Penrhydd*, from Dakes, West Africa arrived at the station on October 3 with one death from and three cases of pneumonia among his crew of 31. As this appeared to be a complication of either influenza or bubonic plague, the vessel was held pending a diagnosis through bacteriological examination, which revealed the presence in throat swabs of small bacilli having the form and dimensions of B. Pfeiffer. The steamer was then thoroughly fumigated and the crew disinfected and kept under observation for four days, at the expiration of which they were released, no new cases having developed in the interval. The three cases admitted to hospital turned into relapsing fever, and it was not before November 24 that they could be discharged.

"On November 18, the ss. *Montclair* from Liverpool, with 221 cabin, 492 steerage passengers, and 269 crew arrived at quarantine with one case of variola (smallpox) among the cabin passengers. The patient and two immediate contacts were admitted to hospital for treatment and observation, while the other 218 passengers and 47 members of crew of the same section were landed for quarantine and observation at the western end of the island. The apartment occupied by the patient having been disinfected, the remaining 222 crew and steerage passengers were all vaccinated and allowed to proceed with the vessel after a detention of 31 hours. No new cases developed among the persons detained under observation, who were released in groups as soon as vaccination was successful or immunity reaction manifested itself; the last group, including the patient, who recovered promptly, being discharged on December 2.

"There were 220 persons admitted to the hospital during the season, which is 222 admissions and 1,947 hospital days less than last year. Of these 220 admissions, 86 were patients and 134 were contact or persons accompanying the sick.

"With regard to nationality they were divided as under:—

Canadian.....	8	Serbian.....	2
British.....	128	Swedish.....	1
French.....	1	Norwegian.....	1
Italian.....	2	Hungarian.....	1
Polish.....	57	Japanese.....	1
Russian.....	7	Finnish.....	1
Roumanian.....	5	Portuguese.....	1
Syrian.....	4		

"Four cases of measles and one of mumps developed among the contacts landed. Of the measles cases, three developed seven days and one twelve hours after admission. Two were disinfected and isolated on admission; the other two were not isolated, being an infant of tender years and its mother. The secondary case of mumps developed one day after landing and had been disinfected and isolated on admission.

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"Six deaths occurred at the hospital during the season, namely, one from pneumonia, one from scarlet fever; and four boys detained on account of mumps, momentarily escaped from hospital grounds and drowned themselves accidentally in the bay east of hospital. The scarlet fever and pneumonia patients died one and two days respectively after landing.

"The bodies of two members of crew who had died shortly before reaching the station of pneumonia, and pneumonia and shock following extensive scalds, respectively, were landed for burial in the Quarantine cemetery.

"Sixty-four chemical and bacteriological examinations were performed at the laboratory as follows:—

Throat and nose swabs.....	17
Water.....	26
Blood.....	10
Urine.....	8
Sputum.....	3
Total.....	<u>64</u>

"During the season 1,181 persons were vaccinated in accordance with the Quarantine Regulations, viz:—

Passengers on board vessels.....	755
Passengers at station.....	269
Staff at station.....	157
Total.....	<u>1,181</u>

"The quarantine boat *Polana* which was used as an inspecting boat at the station since June, 1911, was transferred to the Department of Marine and Fisheries, December 31, 1922, on account of the inspection of vessels being made henceforth at Father Point instead of Grosse Isle."

Lawlor's Island, Halifax, N.S.—Dr. Judson V. Graham, the Acting Quarantine Officer, reports as follows:—

"Inspection was made of 305 vessels, carrying 23,178 crew, 6,507 cabin passengers, 2,365 intermediate passengers, 13,987 steerage passengers, 30 stow-aways and 38 distressed seamen. These vessels reported 9 deaths and 1 birth at sea.

"The following quarantinable diseases were reported on ships arriving at this port: measles, 11; scarlet fever, 4; diphtheria, 5; mumps, 3.

"The following non-quarantinable diseases were reported: tonsillitis, 6; syphilis, 1; bronchitis, 10; diarrhoea (without fever), 6; malaria, 1; pneumonia, 1; biliary colic, 1.

"The following were taken to the quarantine hospital: measles, 8 cases, with two members of families accompanying; scarlet fever, 4, with two members of families accompanying; diphtheria, 3, with two members of families accompanying.

"No sickness developed among those accompanying the cases to the hospitals, neither were there any secondary cases of infection among the patients nor any deaths.

"Of the quarantinable diseases reported above, the following were destined to the United States: measles, 3; diphtheria, 2; mumps, 3. Isolation and care being satisfactory they were permitted to remain on board.

"On April 26, 1922, the ss. *Lituania* arrived at quarantine. During the inspection of the passengers a female third-class passenger bound for United States was found with a vesicular rash all over her body, very suggestive of early smallpox. Dr. Gouthro, Immigration Medical Officer of the department, and Dr. Jost, of the Nova Scotia Department of Public Health, saw the case in consultation and expressed the opinion that the rash was very suggestive of

smallpox. However, no positive diagnosis could be arrived at. The ship's owners held the ship in port until the following day, pending the permission of the United States Public Health Service for her to proceed to New York. On receipt of this permission the passengers destined to Halifax were disembarked into quarantine and the ship sailed for New York with the sick passenger on board, as allowed under Quarantine Regulations, paragraph No. 20.

"The passengers landed, to the number of 28, were detained at the Rockhead Hospital where they were all vaccinated (positive reaction in each case), bathed, and their clothing and effects disinfected. They were released May 2, following receipt of telegraphic advice from New York that the case was diagnosed definitely as not smallpox.

"During the past winter the ice conditions in the Halifax harbour have been unusually severe. The ss. *Minoca* succeeded in keeping the passage to Lawlor's Island open until February 5, when she lost all the blades of her propeller by striking floating ice with it. She was assisted back to her dock by the C.G.S.S. *Nelson* and a local tow-boat.

"Owing to the same ice conditions the *Minoca* was unable to get on the marine railway until February 23, and repairs were finally completed March 27. During the time the *Minoca* was out of commission any boat that was available was made use of in visiting vessels in quarantine.

"The Marine Department sent their ice-breaker at various times during the winter to open up the passage to Lawlor's Island, but the weather was so severe that the floating ice would freeze solid over-night. This ice was so heavy and the cakes so large that it was not safe for the *Minoca* to attempt to keep the passage open at night. In spite of the efforts of the Marine Department's ice-breaker and the *Minoca* the passage was not finally opened to remain open, until April 3.

"On account of the passage to Lawlor's Island being closed by ice, it was necessary to make use of Rockhead hospital on two occasions, passengers being admitted there from the ss. *Pittsburg*, February 24, and from the ss. *Andania*, March 13, in both cases affected with measles.

"The only passengers vaccinated at this station during the year were the 28 detained ex. the ss. *Lituania*.

"In February, 1923, all members of the staff and the families of those resident at the station not successfully vaccinated the preceding year, together with the new members of the staff, were revaccinated, all showing positive reactions."

Partridge Island, St. John, N.B.—Dr. R. T. Rutherford, the Quarantine Officer, in his report states as follows:—

"The Norwegian steamship *Tune* arrived from San Pedro de Macoria, Dutch West Indies, on June 2, 1922, at which time that port was reported to be suffering from an epidemic of smallpox. The crew numbering 23 were brought to the Quarantine Hospital and detained for observation and vaccination until such time as we had a positive vaccination or an immune reaction.

"On February 5, 1923, we admitted ex. ss. *Melita* four cases of scabies together with two contacts, there being at the time no available accommodation in the Immigration Hospital at St. John. On February 11, one of these developed measles, which must have been the result of exposure prior to landing and even perhaps prior to embarkation. On February 19, one of the contacts developed measles, and on February 24, one of the scabies cases developed measles. The exposure leading to these cases of measles must have occurred several days before their arrival at this port.

"No deaths were reported during the year, and no cases of cross-infection.

William Head, Victoria, B.C.—Dr. C. P. Brown was appointed medical superintendent in June, 1922, following the retirement of Dr. Nelson. The

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detention buildings now have sleeping accommodation for 694 persons, and the hospital will at present accommodate about 17 patients. Minor infectious diseases arriving at quarantine are now by arrangement sent to the Provincial Royal Jubilee Hospital, Victoria.

An officer of the Customs Department has quarters at the station, and uses the launch *Evelyn* for patrol work as needed. Dr. Brown furnishes the following details regarding the case of smallpox landed during the year:—

“In June, 1922, the ss. *Empress of Canada* arrived at quarantine with one case of smallpox on board. Those of the saloon passengers who could show evidence of recent vaccination were allowed to proceed; others in this class were detained. Remainder of the crew and passengers without similar vaccination were vaccinated, after which they were allowed to proceed. The patient and immediate contact were placed in hospital. The ship's quarters were disinfected and the vessel released.”

(2) IMMIGRATION MEDICAL SERVICE

Immigrant and non-immigrant passengers to the number of 66,480 were examined by officers of the Immigration Medical Service at the Atlantic and Pacific ports for the purpose of detecting physical or mental diseases or defects, in accordance with the provisions of the Immigration Act. This number compared with 63,990 for the previous year, shows an increase of 2,490.

Immigrant passengers who on arrival at Canadian ocean ports required medical or surgical treatment, were removed to hospital to the number of 152. These were subsequently released as cured or fit to travel, except where otherwise noted in the following tabulated statement:—

IMMIGRANTS DETAINED IN HOSPITAL FOR MEDICAL OR SURGICAL TREATMENT

Diagnosis	Quebec	Halifax	St. John	Vancouver	Victoria
Abdominal N.Y.D.....			1		
Abscess.....	3				
Alcoholism.....				1*	
Anaemia.....				1	
Appendicitis.....			1		
Bronchitis.....		1			
Childbirth.....	2				
Conjunctivitis.....	3	2	2	15	4
Dental periosteitis.....	1				
Dermatitis.....	1				
Eczema.....	1				
Furunculosis.....	2		1		
Epileptiform seizures.....				1	
Gastro-intestinal infection.....	1*				
Herpes.....				1	
Hookworm.....				1	
Impetigo.....	5	2	2		
Infected hip.....	1				
Iritis.....				1	
Menorrhagia.....	1	1			
Nephritis.....				1	
Phlebitis.....	1				
Pneumonia.....			3	1*	
Post-dysentery.....			1		
Pyrexia.....			2		
Scabies.....	7		1	2	66
Sepsis.....			2		
Sycosis.....		1			
Tonsilitis.....	2				
Toothache.....	1				
Ulcer of leg.....	1				
Vaccination infection.....	1				
Totals.....	34	7	16	25	70

* Died.

Of the immigrant passengers detained at the immigration hospitals at the respective ports for a more detailed medical examination than could be afforded during line inspection, the diagnoses of the following were found to be negative and they were immediately released by the medical officers:—

IMMIGRANTS DETAINED FOR INTENSIVE MEDICAL EXAMINATION—SUBSEQUENTLY RELEASED AS “NEGATIVE.”

Detained for	Quebec	Halifax	St. John	Totals
General observation.....	5	2	5	12
Mental observation.....	6	2	3	11
Observation of eyes.....	5	.....	2	7
Observation of heart.....	.....	1	.....	1
Observation of nails.....	10	1	6	17
Observation of scalp.....	10	3	2	15
Observation of skin.....	1	.....	2	3
Observation of throat.....	1	.....	.....	1
Totals.....	38	9	20	67

In addition to those “certified”, immigrants to the number of 661 were found to have physical or mental defects of a minor character not serious enough to bring them within the “prohibited classes” set out in section 3 of the Immigration Act. These persons were released by the medical officers after a note of their condition had been entered on individual record cards and filed for possible future reference.

IMMIGRANTS NOTED AS HAVING MINOR MENTAL OR PHYSICAL DEFECTS

Quebec.....	425
Halifax.....	159
St. John.....	77
Total.....	661

IMMIGRANTS “CERTIFIED” BY MEDICAL OFFICERS UNDER SECTION 3 OF THE IMMIGRATION ACT

SUBSECTIONS (a) AND (k)—MENTALLY DEFECTIVE

Disability	Quebec	Halifax	St. John
Subsection (a)—			
Epileptics.....	2	.....	1
Feeble-minded.....	1	1	1
Imbeciles.....	2	.....	.....
Insane.....	3	2	1
Subsection (k)—			
Constitutional psychopathic inferiority.....	2	2	3
Totals.....	10	5	6

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SUBSECTION (b)—PERSONS AFFLICTED WITH LOATHSOME OR CONTAGIOUS DISEASE

Disease	Quebec	Montreal	Halifax	St. John	Vancouv'r	Victoria
Favus of nails.....	6			4		
Gonorrhoea.....	1					
Psoriasis.....	2			2		
Ringworm of scalp.....	1					
Ringworm of skin.....				2		
Sycosis barbae.....			1			
Trachoma.....	3	1		1	4	2
Tuberculosis.....	1				1	
Totals.....	14	1	1	9	5	2

SUBSECTION (m)—PHYSICALLY DEFECTIVE—AFFECTING ABILITY TO EARN A LIVING

Defects	Quebec	Halifax	St. John	Vancouver
Amputated members.....	4	4	6	
Club footed.....	1			
Congenital dislocation of hip.....	1	1		
Curvature of spine.....	3			
Deafness, partial.....	7		3	
Defective vision.....	7			
Deformed limbs.....			2	
Diabetes.....	1			
Disordered heart action.....			1	
Exophthalmos.....			1	
General debility.....	1			
Gun shot wound skull.....			1	
Hernia.....	9			
Hydrocele.....		1		
Impaired function of member.....	12	5	12	
Impediment of speech.....	4	2	4	
Loss muscular tissue.....			1	
Loss of eye.....				1
Paralysis leg.....	1			
Poor physique.....		1		
Scoliosis.....			1	
Torticollis.....	1			
Varicose veins.....	1		1	
Totals.....	53	14	33	1

SUBSECTION (c)—PERSONS PHYSICALLY DEFECTIVE—"LIABLE TO BECOME A PUBLIC CHARGE."

Defects	Quebec	Halifax	St. John
Absence of fingers, congenital.....	1		
Absence of forearm, congenital.....	1		
Amputated members.....	31	2	4
Anaemia.....			1
Arthritis, chronic.....	3		
Asthma, chronic.....		1	
Atrophy, muscular.....			1
Blindness, partial.....	1	2	
Blindness, total.....	3	1	
Bronchitis.....	2		
Chest, defective.....			1
Chorea.....			1
Club footed.....	1		
Curvature of spine.....	13	2	
Deafness, partial.....	41	1	9
Deafness, total.....	15		
Deaf and dumb.....	2		
Debility, general.....	7	3	
Defective vision.....	40	1	4
Deformed hand.....		2	
Dermatitis.....			4
Discharging sinus of hip.....	1		
Dislocated hip.....	4		1
Disordered heart action.....	3		
Flat footed.....		1	
Facial paralysis.....		1	
Glands of neck.....	3		
Goitre, exophthalmic.....	1	1	
Goitre, simple.....	1		
Gun-shot wounds.....		1	3
Hernia.....	21	4	5
Impaired members.....	67	2	22
Impediment of speech.....	2		
Kyphosis.....			3
Laryngitis, chronic.....			1
Malaria, recurring.....	3		
Nephritis, chronic.....	1		
Neurasthenia.....	1		
Osteo-myelitis, chronic.....	1		
Otitis Media.....		2	
Paralysis agitans.....			1
Paralysis of leg.....	1		
Pleurisy, dry.....			1
Poor physique.....	1		
Presenility.....	1	6	2
Psoriasis.....	2		2
Rheumatism, chronic.....	10		
Rickets.....		1	1
Scoliosis.....			1
Senility.....		5	1
Stone in ureter.....	1		
Teno Synovitis, chronic.....	1		
Valvular disease of heart.....	7	1	7
Varicose veins.....	2		2
Totals.....	296	40	81

The total number of persons "certified" as coming within the "prohibited classes" set out in section 3 of the Immigration Act, is as follows:—

Section 3, Subsection (a)—Mentally defective.....	14
Section 3, Subsection (b)—Tuberculosis or loathsome disease.....	32
Section 3, Subsection (c)—Physically defective.....	417
Section 3, Subsection (k)—Constitutional psychopathic inferiority.....	7
Section 3, Subsection (m)—Ability to earn living affected.....	101
Total "certified".....	571

Statements follow showing, by ports, the specific mental and physical diseases or defects for which these persons were "certified."

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IMMIGRANTS AND NON-IMMIGRANTS MEDICALLY INSPECTED AT OCEAN PORTS

Month	Quebec		Montreal		Halifax		St. John		North Sydney		Sydney		Vancouver		Victoria		New York and Boston		Totals
	Imm	Non-Imm	Imm	Non-Imm	Imm	Non-Imm	Imm	Non-Imm	Imm	Non-Imm	Imm	Non-Imm	Imm	Non-Imm	Imm	Non-Imm	Imm	Non-Imm	
1922-23																			
April.....	86	66	.....	.....	889	140	1,852	194	14	73	7	23	64	82	81	22	393	84	4,070
May.....	7,617	933	39	22	189	181	12	45	43	295	.....	4	105	177	77	67	289	116	10,212
June.....	4,528	755	27	24	119	53	17	78	50	381	.....	.....	119	211	79	63	111	145	6,760
July.....	5,446	751	39	38	11	40	14	69	38	486	.....	.....	89	287	50	73	123	181	7,735
August.....	3,661	835	20	132	24	89	18	158	137	401	.....	2	40	241	49	78	156	130	6,171
September.....	4,239	850	47	52	9	119	8	76	314	713	.....	5	41	246	32	63	171	114	7,099
October.....	4,035	520	52	32	20	174	12	7	235	442	.....	6	79	75	36	18	171	122	6,039
November.....	2,172	318	25	15	57	88	120	14	372	301	1	11	55	47	36	20	172	80	3,904
December.....	.....	.....	1	.....	877	119	1,050	148	120	274	.....	.....	99	64	51	11	263	36	3,113
January.....	.....	.....	2	.....	448	207	1,145	95	127	106	.....	.....	54	23	63	17	205	55	2,547
February.....	.....	.....	.....	.....	568	139	1,582	170	.....	.....	31	17	75	50	33	8	351	67	3,094
March.....	.....	.....	.....	.....	1,876	161	2,794	144	.....	.....	30	82	85	127	67	34	274	62	5,736
	31,784	5,028	252	315	5,087	1,510	8,624	1,198	1,450	3,472	69	150	906	1,630	654	474	2,685	1,192	66,480

NOTE.—“Non-Immigrants” do not include returning Canadians.

LEPER STATIONS

Leper stations in Canada are two in number, one in Eastern Canada at Tracadie, N.B., of which Dr. J. A. Langis is the superintendent, and one on the Pacific coast, at D'Arcy Island, B.C., of which Dr. C. P. Brown, Quarantine Officer at William Head, is the superintendent.

Lazaretto, Tracadie, N.B.—At the close of the fiscal year, eleven patients were under treatment at this Lazaretto, six males and five females. One new case, a Chinese, was admitted on October 6, 1922, from a Montreal hospital. No deaths occurred during the year. The oldest patient is seventy-six, the youngest twenty-two years old. Seven are French Acadian, natives of Tracadie and of the surrounding country, one Prussian, one Icelandic, one of French and Scotch descent, and one Chinese.

Dr. Langis reports as follows:—

“The three types of leprosy are seen here. We have seven arrested cases, three active but improving, and one in the last stage of the disease, with no hope of recovery.

“The treatment, the same as last reported, i.e., intramuscular injections of the ethyl esters of the fatty acids of chaulmoogra oil with iodide, H.I., is still giving good results. It is a cure for the malady.

“We owe a debt of gratitude to the Surgeon Director of the Leprosy Investigation Station, United States Public Health Service, Dr. H. W. Hasseltine, of Honolulu, Hawaii, for his kindness and generosity in periodically replenishing our supply of H.I.

“Sincere thanks are also due the nursing staff, the Reverend Sisters, who are the most potent help in the execution of my duties.”

Lazaretto, D'Arcy Island, B.C.—This leper colony is situated about thirty miles from the Quarantine Station at William Head. Five Chinese lepers are at present under treatment, the number being unchanged from that of last year.

Dr. Brown reports as follows:—

“The lepers have been visited at weekly intervals by departmental medical officers. There has been slow but steady improvement in their condition. The United States Public Health Service has very kindly supplied us, through their officers at Honolulu with their preparation of the ethyl esters of the acids of Chaulmoogra oil, this without charge. Burroughs & Wellcome similar preparation “Moogrol” has also been used.

“Mr. and Mrs. McKee (the attendants at D'Arcy Island) are unremitting in their kindness and care over those in their charge.”

In addition to the Chinese lepers under treatment at D'Arcy Island, a leper of Russian nationality is being cared for at the William Head Quarantine Station, where he was admitted some sixteen and a half months ago. Dr. Brown reports that this man's general health is good, and that the disease shows signs of responding favourably to the treatment being administered.

(3) MARINE HOSPITALS SERVICE

Under the provisions of Part V., Canada Shipping Act (Chapter 38, Sick and Distressed Mariners), sick mariners' dues of 2 cents per ton, net or registered tonnage, are levied on each vessel arriving at any port in the provinces of Quebec, New Brunswick, Nova Scotia, Prince Edward Island and British Columbia, from a foreign port or a port not within the same province. These dues are payable three times in each calendar year. Fishing vessels not registered in Canada pay no sick mariners' dues and do not participate in the bene-

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fits accruing therefrom; but fishing vessels of Canadian registry may pay these dues and participate in the benefits. This Act does not apply to the province of Ontario, and therefore, no dues are collected in that province.

All sick, injured and distressed mariners employed on ships on which this duty has been paid are eligible to free and gratuitous treatment, and the expenditure therefor is defrayed out of the appropriation voted by Parliament for that special purpose.

The Department of Health operated two Marine Hospitals, one at Sydney and the other at Lunenburg, N.S. At other ports sick sailors were treated at the various town and city hospitals as per list hereunder:—

Nova Scotia.—

Amherst—Highland View Hospital.
 Antigonish—St. Martha's Hospital.
 Bridgewater—Dawson Memorial Hospital.
 Glace Bay—St. Joseph's Hospital.
 Halifax—
 Victoria General Hospital.
 City Health Board (Contagious diseases).
 Tuberculosis Hospital.
 Kentville—Nova Scotia Sanatorium.
 Middleton—Soldiers' Memorial Hospital.
 New Glasgow—Aberdeen Hospital.
 North Sydney—Hamilton Memorial Hospital.
 Pictou—Pictou Cottage Hospital.
 Springhill—Springhill Cottage Hospital.
 Windsor—Payzant Memorial Hospital.
 Yarmouth—Yarmouth Hospital.

New Brunswick.—

Bathurst—James Dunn Hospital.
 Campbellton—Hotel-Dieu Hospital.
 Moncton—Moncton Hospital.
 River Glade—Jordan Memorial Sanatorium.
 St. John—
 General Public Hospital.
 County Hospital (T.B.C. cases).
 St. Stephen—Chipman Memorial Hospital.

Prince Edward Island.—

Charlottetown—
 Charlottetown Hospital.
 Prince Edward Island Hospital.
 Summerside—Prince County Hospital.

Quebec.—

Chicoutimi—Hotel-Dieu.
 Levis—Hotel-Dieu.
 Montreal—
 Montreal General Hospital.
 Notre-Dame Hospital.
 Hotel-Dieu.
 Royal Victoria Hospital.
 St. Paul's Hospital (Contagious diseases).
 Alexandra Hospital (Contagious diseases).
 Grace Dart Home (T.B.C. cases).

Quebec—Con.

Quebec—

Hotel-Dieu.

Jeffery Hale's Hospital.

Civic Hospital (Contagious diseases).

Sorel—Hospital General.

St. Johns—Hospital St. Jean.

Three Rivers—Hospital St. Joseph.

British Columbia—

Anyox—Anyox General Hospital.

Chemainus—Chemainus General Hospital.

Cumberland (and Union Bay)—Cumberland General Hospital.

Ladysmith—Ladysmith General Hospital.

Nanaimo—Nanaimo General Hospital.

New Westminster—St. Mary's Hospital.

Ocean Falls—Ocean Falls Hospital.

Port Alberni—West Coast General Hospital.

Power River.—St. Luke's Hospital.

Prince Rupert—Prince Rupert General Hospital.

Vancouver—St. Paul's Hospital.

Victoria—St. Joseph's Hospital.

At ports where there are no marine nor designated hospitals, the collector of customs makes best provision for the treatment of sick mariners at private residences or public boarding-houses. In a few instances the Department has made arrangements in form of contract with private residences at yearly rental rates.

There has been a marked increase in the shipping activities, as instanced by the large increase in the payment of sick mariners' dues. At the port of Montreal there has been more than one thousand arrivals from foreign, which is an increase of more than one hundred over the preceding year. The same increased activities have been experienced in Vancouver and other ports. In fact the shipping has practically resumed pre-war conditions. This accounts for the large increase in the number of sick and distressed mariners as compared with previous years, and necessarily for the considerable increase in the expenditure for operating this Service.

The total number of sick and injured who were treated in this service was 2,663, as compared with 2,035 for the year 1922, or an increase of 628; the number of days of hospital and private boarding-house accommodation was 32,679 as compared with 26,341, being an increase of 6,338 days. In order to meet this increased expenditure it was necessary to apply to Parliament for a supplementary vote of \$20,000. This additional appropriation was nevertheless insufficient to cover the whole expenditure chargeable to the year 1922-23, and therefore amounts aggregating approximately \$5,000 will have to be defrayed out of the vote for 1923-24, this representing about 80 sick sailors and hospital treatment of about 1,300 days.

The schedule of fees for port physicians' services, mileage, etc., was completely revised and the hospital rates were adjusted to meet present conditions of living costs. The department was also successful in arranging with the sanatoria of the various provinces both on the Atlantic and Pacific coasts for the admission and treatment therein of mariners suffering from incipient tuberculosis. It is thought this latter move will be of great benefit to the sailors, amongst whom tuberculosis is so prevalent.

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I regret to report the loss through death during the year of the following medical officers:—

Dr. S. Anderson, Pictou, N.S.
 Dr. T. DesBrisay, Lunenburg, N.S.
 Dr. P. Duffy, Chatham, N.B.

Statements showing the various diseases and injuries for which the mariners received treatment during the year follow:—

STATEMENT OF DISEASES AND INJURIES TREATED

General Diseases—

545

Measles.....	9
Diphtheria.....	5
Scarlatina.....	4
Mumps.....	1
Erysipelas.....	2
Typhoid fever.....	33
Para-typhoid.....	5
Tuberculosis.....	33
Malaria.....	14
Scabies.....	12
Syphilis.....	71
Gonorrhoea.....	108
Alcoholism.....	1
Morphinism.....	1
Diabetes.....	5
Rheumatism.....	68
Scurvy.....	1
Anaemia.....	2
New Growths—malignant.....	3
non-malignant.....	6
Congenital malformation.....	1
Cyst.....	11
General Debility.....	17
Neurasthenia.....	12
Ptomaine.....	1
Gangrene.....	2
Influenza.....	117

Local Diseases—

1,446

Diseases of the Nervous System.....	67
1. Of the nerves.....	
Neuritis.....	17
2. Of the Spinal cord and membranes.....	
Degeneration of lateral column.....	2
3. Of brain and membranes.....	
Inflammation.....	3
4. Functional and other nervous diseases, etc.....	
Epilepsy.....	3
Paralysis.....	1
Hemiplegia.....	2
Apoplexy.....	2
Congestion of brain.....	2
Neuralgia.....	26
Hemorrhage of brain.....	1
Headache.....	5
Hysteria.....	2
Dementia praecox.....	1
Diseases of the eye.....	49
Conjunctivitis.....	26
Chalazion.....	1
Choroiditis.....	1
Dacryocystitis.....	5
Ulcer cornea.....	4
Iritis.....	6
Keratitis.....	4
Blapharitis.....	1
Pterygion.....	1
Diseases of the ear.....	44
Cerumen.....	3
Otitis media.....	35
Mastoiditis.....	3
Deafness.....	3

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STATEMENT OF DISEASES AND INJURIES TREATED—*Continued*

Diseases of the nose.....		9
Rhinitis.....	7	
Abscess.....	1	
Epistaxis.....	1	
Diseases of the Circulatory System.....		24
Heart Disease (valvular).....	13	
Tachycardia.....	1	
Atheroma.....	1	
Arterio-sclerosis.....	3	
Thrombosis.....	1	
Oedema.....	1	
Myocarditis.....	1	
Aneurism.....	2	
Angina pectoris.....	1	
Diseases of the Respiratory System.....		247
Bronchitis.....	111	
Tonsillitis.....	77	
Pneumonia.....	11	
Bronchial-pneumonia.....	2	
Laryngitis.....	9	
Congestion of lungs.....	4	
Pleurisy.....	13	
Asthma.....	50	
Oedema of lungs.....	1	
Hemorrhage of lungs.....	3	
Empyema.....	3	
Abscess of lungs.....	3	
Diseases of the Digestive System.....		451
Dental caries.....	61	
Toothache.....	10	
Alveolar abscess.....	30	
Quinsy.....	5	
Pharyngitis.....	2	
Ulcer of stomach.....	16	
Gastritis.....	66	
Indigestion.....	27	
Pyorrhoea.....	7	
Cancer of the stomach.....	3	
Fistula.....	4	
Hemorrhoids.....	27	
Appendicitis.....	62	
Colitis.....	14	
Jaundice.....	4	
Diarrhoea.....	16	
Constipation.....	13	
Hepatitis.....	7	
Hernia.....	33	
Dysentery.....	6	
Enteritis.....	13	
Dyspepsia.....	9	
Hepatic colic.....	2	
Intestinal obstruction.....	3	
Cholecystitis.....	2	
Ulcer of duodenum.....	4	
Hyperchloridia.....	3	
Peritonitis.....	2	
Diseases of the Lymphatic System.....		37
Adenitis.....	37	
Diseases of the Urinary System.....		47
Nephritis.....	12	
Bright's Disease.....	3	
Renal colic.....	1	
Peri-Nephritic abscess.....	1	
Cystitis.....	18	
Prostatitis.....	4	
Retention.....	1	
Renal calculus.....	5	
Dysuria.....	2	

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STATEMENT OF DISEASES AND INJURIES TREATED—*Continued*

Diseases of the Generative System.....	68	
Urethritis.....	4	
Balanitis.....	2	
Stricture.....	3	
Phimosis.....	5	
Para-phimosis.....	2	
Chancreoids.....	5	
Varicocele.....	12	
Hydrocele.....	4	
Orchitis.....	17	
Epididymitis.....	14	
Diseases of the Organs of Locomotion.....		95
Osteitis.....	2	
Sciatica.....	8	
Myalgia.....	18	
Lumbago.....	28	
Osteo-myelitis.....	1	
Bursitis.....	4	
Sinusitis.....	2	
Perio-osteitis.....	1	
Caries.....	3	
Synovitis.....	8	
Arthritis.....	17	
Necrosis.....	3	
Diseases of the Connective Tissues.....		176
Cellulitis.....	117	
Abscess.....	59	
Diseases of the Skin.....		132
Carbuncle.....	5	
Boils.....	56	
Erythema.....	4	
Eczema.....	12	
Herpes.....	3	
Urticaria.....	3	
Dermatitis.....	1	
Ulcers.....	28	
Whitlow.....	7	
Impetigo.....	2	
Psoriasis.....	4	
Seborrhea.....	1	
Acnea.....	1	
Lichen.....	1	
Pemphigus.....	1	
Anthrax.....	2	
Tinea.....	1	
Injuries—		
General Injuries.....		66
Burns and scalds.....	45	
Multiple injuries.....	21	
Local Injuries.....		606
Injuries face.....	17	
Contusions.....	14	
Injuries eyes.....	18	
Injuries head.....	32	
Fractured nose.....	2	
Fractured skull.....	2	
Foreign body eyes.....	30	
Injuries upper extremities.....	156	
Injuries chest.....	11	
Dislocation shoulder.....	3	
Fractured ribs.....	23	
Fracture maxillary.....	1	
Injury abdomen.....	5	
Dislocation hand.....	1	
Injuries side.....	7	
Sprained elbow.....	2	
Sprained back.....	16	
Fractured clavicle.....	5	
Fractured fingers.....	18	
Fractured arm.....	22	
Sprained wrist.....	10	
Dislocation elbow.....	2	
Fractured femur.....	8	
Fractured tibia and fibula.....	4	

STATEMENT OF DISEASES AND INJURIES TREATED—*Concluded*

Injuries—*Con.*

Fractured tibia.....	11
Fractured fibula.....	2
Fractured spine.....	3
Fractured patella.....	5
Fractured foot.....	4
Fractured toes.....	4
Injuries to lower extremities.....	85
Sprained knee.....	6
Sprained ankle.....	16
Fractured sacrum.....	3
Flat-foot.....	2
Frost-bite.....	2
Fatigue.....	1
Gunshot wound.....	1
Malingerer.....	3
No diagnosis.....	30
Observation.....	3
Examination.....	16
Total number of seamen treated during the year, 1922-23..	2,663
General diseases.....	545
Local diseases.....	1,446
General injuries.....	66
Local injuries.....	606
2,663	

(4) VENEREAL DISEASE CONTROL

The campaign against the venereal diseases in Canada, which is being carried on conjointly by the Dominion and Provincial Governments, has been in operation for a period of three years. This campaign may be divided roughly into five main divisions:

- 1. Treatment.
- 2. Education.
- 3. Social Service.
- 4. Law Enforcement.
- 5. Statistics.

TREATMENT

The object aimed at in the provision of free treatment is twofold, viz., cure of existing cases and prevention of the occurrence of new cases. As contagion is, in the vast majority of cases, direct; it is manifest that the greater the number of cases which are rendered non-infective, the fewer the number of new cases that will arise. Treatment is, therefore, not only beneficial to the individual but to the community at large.

Treatment, to be effective, must be provided for all classes of individuals. Our policy has been to offer the best means both of diagnosis and treatment available, free of charge, to every venereal patient. Free treatment for venereal disease has been provided for in clinics and institutions, such as jails and reformatories, and through local physicians for cases remote from clinics. Beds are provided for cases requiring hospitalization. In establishing the clinics the following points were aimed at:—

- 1. To treat, promptly and effectively, the individual suffering from venereal disease.

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2. To reach and render non-infective the greatest possible number.
3. To place the specialist in venereal disease diagnosis and treatment within the reach of every infected individual.
4. To make complete cure possible for everyone infected.
5. To diminish the spread of venereal disease in the community.
6. To act as educational centres for the prevention of illicit sexual intercourse and the prevention of venereal disease.

There are fifty-four clinics for the free treatment of venereal disease in the Dominion, extending from coast to coast and distributed as follows:—

Nova Scotia.....	5
New Brunswick.....	8
Quebec.....	10
Ontario.....	15
Manitoba.....	4
Saskatchewan.....	6
Alberta.....	4
British Columbia.....	2

These clinics were inspected by the chief of the division during the year.

The two points of importance that were considered in locating the clinic were accessibility and privacy. These two factors were met in some cases by placing the clinic in a hospital, as part of the general clinic, and in other cases by placing it in an office or other public building.

The advantages of making the venereal disease clinic part of the general clinic or operated in conjunction with other clinics are:—

1. It shows the public that venereal diseases are treated in exactly the same way as other diseases, which helps to develop a proper mental attitude on the part of the general public towards those diseases.

2. Specialists in the various branches of medicine are always at hand for consultation.

3. Clinics are operated more cheaply.

4. Students have greater opportunity for studying these diseases.

5. Many patients seek treatment in the general clinic who are unaware of the fact that they are suffering from venereal disease and are promptly referred to the venereal disease division; no time is, therefore, lost in bringing them under treatment.

6. The established institution with a reputation to maintain is apt to take greater pains with its patients.

Clinics are open, as a rule, in the afternoon. It is only with the greatest difficulty that physicians can be persuaded to give their services in the evenings and, without a doubt, the evening is the time best suited to the treatment of men. In most cases it is difficult or impossible for men to get away during the afternoon. Clinics should be open afternoons for women and children and evenings for men. Unfortunately, very few of our clinics are open evenings. All clinics are equipped with laboratory apparatus sufficient for dark field and smear examinations. Other examinations, bacteriological, serological and pathological are made in provincial laboratories which have been specially equipped for the work as part of the campaign. Examinations are made free of charge in these laboratories for all physicians. The personnel of the clinic consists in most cases of a physician, social service nurse and orderly.

We find that the success of the clinic depends in no little measure on the tactfulness and friendliness of the physician and nurse. There are, at present, being treated in our clinics, roughly, twelve thousand patients and new patients are coming in at the rate of about one thousand a month. The majority of

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those attending our clinics are being treated for syphilis. Patients suffering from syphilis remain under treatment much longer than those suffering from gonorrhœa; hence the number of cases of syphilis under treatment at any given time will be much greater than the number of cases of gonorrhœa. The form of treatment and the preparations used are a matter of individual choice for the medical officer in charge of the clinic and no attempt whatsoever has been made to adopt any one particular line of treatment, for it is felt that with standardization the treatment of the patient as an individual will cease and the results will be harmful.

Treatment of prisoners in institutions, such as jails and reformatories, is carried on in all of the provinces with gratifying results. Treatment of the type of individuals who find their way to penal institutions is of the utmost importance, as it is just this class, which includes criminals, vagrants and prostitutes, who are active spreaders of infection. Hospitalization is provided in all of the provinces for cases needing indoor treatment. In some provinces hospitals are obliged by law to provide accommodation for these cases. There is, as we know, considerable objection on the part of hospital authorities to the admission of cases of venereal disease; but hospital authorities should recognize the fact that these diseases are worthy of the same consideration and treatment as other diseases.

EDUCATION

The object of education in this campaign is not so much the dissemination of knowledge of venereal disease as the development of standards of conduct and the formation of character.

A knowledge of venereal diseases alone will not prevent illicit sexual intercourse nor its consequences; there must be, in addition, sound ideals which act as a basis for the control of sexual appetite.

Our campaign of education comprises general information of the prevalence and danger of venereal disease and special information appertaining thereto for groups of individuals, such as parents, young men, young women, physicians, clergymen, nurses, employers of labour, etc.

Information is disseminated by means of publications, lectures, moving pictures and the attractoscope.

Publications.—Publications of the Dominion Department of Health include a brochure of general information for the practitioner, a manual of diagnosis and treatment of gonorrhœa and syphilis; a manual of laboratory diagnosis and of the Wassermann reaction; pamphlets for parents, young men and women; pamphlets for sailors, captains and ships' surgeons and for those suffering from gonorrhœa and syphilis, and a pamphlet for the prevention of gonorrhœal ophthalmia in children. Through the kindness of Dr. John H. Stokes, Chief of the Section of Dermatology and Syphilology of the Mayo Clinic, the privilege was obtained of distributing his valuable work, "To-days World Problem in Disease Prevention," to the medical profession throughout Canada. I would like to add a word of thanks to Dr. Stokes for his generosity in again permitting us the use of his book, which is easily the most valuable of our educational literature. Abstracts of Current Venereal Disease Literature are distributed monthly to clinics and physicians who are interested in the subject. This is one of the most valuable of our publications and is distributed mostly to physicians. Testimonials from prominent physicians in Canada and the United States testify to its value.

Posters have been placed in public places calling attention to the dangers of venereal disease and advertising free treatment in clinics throughout the

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country. In addition, the provinces distribute venereal disease literature. There were distributed in 1922 the following pieces of literature, etc.:

Stokes' book, English.....	6,000
“ “ French.....	2,500
Prevention of Blindness in Babies, English.....	46,000
“ “ “ French.....	8,000
V.D. Diagnosis and Treatment, English.....	3,500
“ “ “ French.....	500
“ Microscopic Examination, English.....	3,500
“ “ “ French.....	500
“ Wassermann Test, English.....	3,000
“ “ “ French.....	500
“ General Circular, English.....	2,000
“ “ “ French.....	500
Information for Men, English.....	15,000
“ Young Women, English.....	9,000
“ Parents, English.....	14,000
“ Men, French.....	5,000
“ Young Women, French.....	5,000
“ Parents, French.....	5,000
Abstracts of Current V.D. Literature, No. 1.....	1,500
“ “ “ “ No. 2.....	1,500
“ “ “ “ No. 3.....	1,500
“ “ “ “ No. 4.....	1,500
“ “ “ “ No. 5.....	1,300
“ “ “ “ No. 6.....	1,100
“ “ “ “ No. 7.....	1,700
“ “ “ “ No. 8.....	1,800
“ “ “ “ No. 9.....	2,500
“ “ “ “ No. 10.....	2,500
“ “ “ “ No. 11.....	2,100
“ “ “ “ No. 12.....	2,000
“ “ “ “ Special No.....	9,000
V.D. Educational Pamphlet No. 4, English.....	6,000
“ “ “ No. 5, “.....	6,000
“ “ “ No. 4, French.....	5,000
“ “ “ No. 5, “.....	5,000
Pamphlet to the Sailor, English.....	3,000
“ “ “ French.....	500
“ “ Captain, English.....	300
“ “ “ French.....	300

Lectures.—Physicians, laymen and women, through the Dominion and Provincial Departments of Health and the National Council for Combating Venereal Disease, are giving lectures to general audiences and special groups.

The Chief of the Division of Venereal Disease Control addressed numerous audiences in various parts of the Dominion. In the month of January he accompanied representatives of the Canadian Social Hygiene Council on a lecture tour throughout the Province of New Brunswick. Packed houses were addressed in twelve cities. In Moncton, Fredericton and St. John hundreds were unable to gain admission to the lecture theatres. The meeting at St. John, N.B., was the largest public meeting ever held in that city. It was stated that this was the greatest series of public health meetings ever held in the Dominion. These lectures will be repeated in other provinces.

The incidence of venereal disease is greatest between the ages of seventeen and twenty-five years. Our lecture, to be effective, must anticipate this life period. Very little is accomplished through lectures to men of twenty-five years and over, for their character and habits have long since been formed and nothing we can say or do will effect a change. Similarly, lectures to adult mixed audiences, whose interest in venereal disease is purely academic, do not do much to diminish the incidence of venereal disease. Our best work is done through lectures to young men between the ages of fourteen and nineteen. The young man is the chief offender and the chief victim, and we should concentrate our efforts on him.

Parents, mothers particularly, and educators fear that lectures on the subject of venereal disease to boys of fourteen may be productive of more harm

than good. In this respect we must not forget that, when judiciously discussing the subject of venereal disease with boys of fourteen, we are not opening up a new subject, and one with which they are entirely unfamiliar, but are merely clarifying and making useful a knowledge which the vast majority of boys already possess; for the majority of boys receive their first knowledge of sex between the ages of nine and eleven years. This knowledge, gained as it is in the streets, is decidedly harmful. We cannot anticipate this knowledge. We cannot lecture to boys of tender age on the subjects of illicit sexual intercourse and venereal disease, as the judgment at that age is not sufficiently ripe to grasp the significance of our remarks and draw the desired conclusions. We can, however, do a great deal to offset that knowledge by our lectures before habits which are the direct result of that knowledge are formed. Similarly with young girls, our lectures on the ideals of womanhood, motherhood, deportment, the dangers of looseness, etc., must be given at an early age to be effective. Every boy and girl of sixteen years of age should have definite knowledge of the baneful effects of illicit sexual intercourse. Without that knowledge boys and girls are not equipped to face the realities of life, and unless we have given them that knowledge, we have not done our duty by them. Up to the present we have reached only very few boys and girls of the desired age. In that respect, at least, our campaign has been a failure.

Of the question of sex education in schools, very little need be said; for nothing of this nature has as yet been attempted in our schools. This subject was thoroughly threshed out at the "All American Conference on Venereal Disease", and the conclusions adopted were:—

"That education in relation to sex is but a phase of character education as a whole and cannot be accomplished at any one time. It must be a progressive process of care, guidance, instruction and example. This fact, together with the intimate relationships of the members of the family, place upon the home the chief responsibility for sex education of children during the earlier years.

"In the case of older children and adolescents, the responsibility for training and guidance in relation to sex is shared by all educational agencies having to do with young people."

Whatever our methods of educating the public—pamphlets, lectures, films—all of them unquestionably have their appointed place, and all are of value. As time goes on it will be possible to place a more exact value on each type of educational propaganda and we will be able to use each with greater effect.

Education, next to the development of character in the home, is the chief factor in the work of venereal disease prevention. Wider publicity through the pulpit and greater co-operation generally on the part of clergymen, physicians and persons in an administrative, legislative and judicial capacity are greatly needed.

SOCIAL SERVICE

Nearly all of the clinics have a social service nurse. Her work is of value to the patient, the clinic and the community. By her kindly interest she helps the patient to continue treatment until cured and encourages attendance of other members of the family at the clinic for examination and treatment, if necessary. She helps the clinic by keeping records, by aiding in administration and developing the efficiency of the clinic. The community, she helps through her visits to the home and the information which she disseminates there. One of the most important phases of social service work is the control of the delinquent girl who finds her way to the clinic or is under treatment in an institution. The tactful

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and interested nurse can and does help this type of girl in many ways. She encourages her, stimulates a renewal of self-respect, finds employment for her, and by removal to a new environment gives her an opportunity for rehabilitation.

In rural communities the district nurse does very valuable social welfare work. She visits the homes, inspects the children in the schools and through her efforts numbers of cases of venereal disease are brought into the city clinics and hospitals which otherwise would not have been treated. The social record sheet, which is kept by the nurse, is of great value in doing follow-up work, tracing the original source of infection and contacts; in estimating the value of propaganda and social welfare work, and in opening up new avenues of investigation. Social service work has not been given the recognition which its importance in the campaign merits.

LAW ENFORCEMENT

On the 9th of December, in the year 1915, the West Australian Venereal Disease Act came into being. On October 31, 1917, New Zealand brought in a similar but more limited Act, and in the years 1918 and 1919 several provinces in Canada made legislation of a like nature.

The main features of the Acts are the same in all of the provinces. These features comprise compulsory modified notification, compulsory examination of suspects and compulsory treatment of infected individuals, regulations prohibiting the sale of drugs and appliances for the cure of venereal disease, except on physicians' prescriptions; exclusion of infected persons from trades, right of entry; detention, quarantine, etc., regulations prohibiting infection of others, etc.

It will be seen at a glance that every effort has been made to bring under control individuals who neglect treatment and are a menace to others. There are, in addition, laws for the suppression of prostitution which have been in existence for a number of years. Latterly the "age of consent" has been raised and attempts have been made to provide legislation penalizing unmarried couples who register at hotels as man and wife. The advisability of penalizing owners of motor vehicles who use or permit their motor vehicles to be used for immoral purposes is under consideration, for it is realized to-day that the motor is replacing the house of assignation to no little extent. The success of the laws depends in great measure on the energy with which they are enforced. Money and the proper machinery, which are so essential for their enforcement are, to a great extent, lacking.

The laws of compulsory examination of suspects and compulsory treatment of infected individuals who fail to continue treatment as directed, apply chiefly to criminals, prostitutes and vagrants. These classes are constant spreaders of infection. These two laws are of real value and it is to be regretted that they are not enforced more rigorously throughout the whole of the Dominion. In only one or two provinces are they effectively enforced.

An attempt has been made in the United States to deal with venereal infection, especially as it occurs in inmates of bawdy houses, by placarding the premises in the same manner that premises are placarded for scarlet fever, smallpox, and other dangerous communicable diseases. This has not been attempted in Canada. In this regard the following resolution adopted at the "All American Conference on Venereal Diseases" will prove of interest:—

"Whereas, since too little information is available for giving a satisfactory statement as to the results of placarding premises quarantined for syphilis and gonorrhœa; and,

"Whereas, because of the nature of the diseases, their prevalence, and the widespread ignorance of their true character;

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"It is resolved that the placarding of premises for the purpose of control of patients will be more harmful at this stage to a developing sympathetic public opinion than the (problematical) control of such individuals will benefit the public welfare".

The Dominion statute prohibiting the sale of drugs and appliances for the treatment of venereal disease, except on a physician's prescription, is enforced. The Division of Proprietary or Patent Medicines of the Department of Health refuses to register any proprietary remedy for this purpose and inspectors remove from sale any found on the market. If we succeed in enforcing compulsory treatment of prostitutes and other individuals who, through carelessness and indifference, are spreading infection, we will have accomplished much. The law of compulsory treatment of infected individuals is of real value in limiting the spread of infection. It should be more rigorously enforced. More important than laws and their enforcement is the following up of cases and continuation of treatment as long as the physician says it is necessary. Our experience shows that persuasion is a more powerful weapon than compulsion.

STATISTICS

It is only when one begins to look for venereal disease statistics that one realizes how fragmentary and unsatisfactory they are. The findings of the Royal Commission on Venereal Disease, which were published in 1916, added nothing to our previous knowledge of the prevalence of venereal disease in civilian life. They merely confirmed estimates that had been made a quarter of a century before by venereologists of various countries. Statistics of value which they gave us of the prevalence of venereal disease in the army and navy, are inapplicable to civilian life.

Since the inauguration of the world-wide campaign against venereal disease, attempts have been made to obtain statistics of value and to accomplish this the law enforcing notification of venereal disease was enacted. After a period of three years it is found that we are no whit better off than before. The returns being made by physicians practising in Canada do not, in any measure, represent the true incidence of venereal disease. Syphilis is being reported, but gonorrhœa scarcely at all.

In the year 1922, there were admitted to venereal disease clinics throughout the Dominion 12,252 new cases of venereal disease, and during the same period there were reported by physicians 16,220 new cases; making a total of 28,472 new cases of venereal disease for the year. There was an increase in the number of cases under treatment in clinics and institutions during the year, as well as an increase in the number of cases reported by physicians. The following figures, which are practically classical in that they so closely conform to estimates, are given for the province of Quebec:—

"Among the statistics of cases reported, 80 per cent of the total were men and 20 per cent women. Most became infected between the ages of 21 and 25, diminishing off from that figure both ways. Of these cases, 64 per cent are unmarried, 32 per cent married, and 4 per cent widowed. Commercialized prostitution accounts for 34 per cent and clandestine, 36 per cent. Congenital cases are only one per cent. Disease contracted under the influence of alcohol amounts to 25 per cent of the whole."

There are no figures of any real value of the prevalence of syphilis in civilian life. Drawing conclusions from the draft figures in the American army, 5.6 per cent would be an outstanding figure for the ages 21 to 31. The

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Life Extension Institute found less than one per cent of syphilis in industry and about 3 per cent in a mixed population. The Mayo Clinic found 4.6 per cent of syphilis in mixed classes. The Royal Commission gave 10 per cent for the British Isles. Mortality reports of syphilis are just as difficult to obtain as are morbidity reports, owing to the fact that physicians, through kindly motives, do not give syphilis as the cause of death.

The sum of \$200,000 was once more voted by the Dominion Government for carrying on the work of Venereal Disease Control. This was allotted to the provinces, which are carrying on the work, in the following way:—

New Brunswick.....	\$ 7,517 83
Nova Scotia.....	10,573 86
Alberta	11,979 62
Manitoba	12,611 20
British Columbia	14,628 19
Saskatchewan.....	15,361 63
Quebec.....	47,388 80
Ontario.....	57,473 68

Prince Edward Island has not as yet joined in with the other provinces in the work.

The public are beginning to realize the gravity of the venereal disease question and increasingly active co-operation is being afforded those who are engaged in the work of venereal disease prevention and control. The progress during the year has been satisfactory. It is felt that a more intensive educational campaign by all who are engaged in the work throughout the Dominion would prove beneficial.

VENEREAL DISEASE REPORT FOR CALENDAR YEAR 1922

Month	Number of new cases reported by physicians	Number of new cases of Syphilis	Number of new cases of Gonorrhœa	Number of new cases of Chancroid	Total number of new cases of Syphilis, Gonorrhœa and Chancroid
January	1,267	535	737	30	1,302
February.....	1,068	447	485	23	955
March.....	1,493	450	531	40	1,021
April.....	1,421	406	450	13	869
May.....	1,481	447	523	27	997
June.....	1,141	358	648	26	1,032
July.....	1,186	605	369	31	1,005
August.....	1,679	342	574	25	941
September.....	1,237	390	539	30	959
October.....	1,573	465	757	35	1,257
November.....	1,489	328	576	9	913
December.....	1,185	398	491	112	1,001
	16,220	5,171	6,680	401	12,252

Total number of new cases for the year, 28,472.

TOTALS FOR THE YEAR 1922

Month	Number of patients under treatment	Number of treatments	Number of Wassermanns	Number of injections of Arsphenamine	Number of laboratory examinations
January.....	10,962	21,577	2,448	4,164	7,684
February.....	10,324	20,595	1,707	3,164	5,916
March.....	11,737	28,009	1,826	3,684	6,345
April.....	10,632	14,704	1,899	3,380	6,200
May.....	12,180	23,115	2,151	3,529	6,690
June.....	11,726	20,711	1,905	3,196	6,293
July.....	9,828	20,243	1,488	3,442	5,937
August.....	12,064	20,862	1,768	3,641	6,480
September.....	10,650	20,181	1,878	3,087	6,233
October.....	11,575	19,702	2,036	3,666	6,942
November.....	10,531	19,598	1,892	3,499	6,572
December.....	11,059	24,136	1,626	3,499	6,287
Total.....		280,433	22,624	41,951	77,579

(5) DIVISION OF HOUSING, WITH HOSPITALIZATION AND SANITATION

HOUSING

A revote of \$9,550,080 was approved by Parliament for fiscal year 1922-23. Out of this amount a sum of \$3,225,286.16 was loaned by the Federal Government to the different provinces entitled to such loans under the provisions of the Federal Housing Act.

The unexpended amount of revote of 1922-23 as of date March 31, 1923, was \$6,324,793.84.

The total amounts loaned to the provinces since the enactment of the Order in Council, P.C. 2997, dated December 3, 1918, as of date March 31, 1923, were:—

Manitoba	\$ 1,975,000 00
New Brunswick.....	1,525,000 00
Ontario	9,350,000 00
British Columbia.....	1,701,500 00
Quebec.....	4,194,906 16
Nova Scotia	1,537,000 00
Prince Edward Island.....	50,000 00
	<hr/>
	\$20,333,406 16

- The total number of houses erected, 4,612.
- The number of houses under construction and planned to be built, 223.
- The number of municipalities operating, 160.

Provincial Housing Acts and schemes have been enacted by all of the Provincial Governments with the exception of Alberta. The provinces of Manitoba, New Brunswick and British Columbia participated to their full quota and the provinces of Ontario, Quebec, Nova Scotia and Prince Edward Island, availed themselves in part of the additional amount payable under the revote of fiscal year 1922-23.

The correspondence and inquiries received, although not so voluminous as in previous years, was self evident that there still existed a desire on the part

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of the people in the different provinces to improve their individual housing conditions, doubtless actuated by the example which had been set by the action taken under the provisions of the housing schemes.

One phase of the housing problem has particularly been impressed upon the Department by the advice sought by manufacturers when considering new locations for their industries and as more particularly noted by the efforts put forth in the devastated region of Haileybury caused by the disastrous fire in 1922.

At the request of the Premier of Prince Edward Island the department was asked to advise upon the proposed housing scheme, in consequence of which a visit was made whereat the provisions of the scheme were discussed and formulated for presentation to the Cabinet for approval.

The scheme was approved by Order in Council, P.C. 1688, under date August 14, 1922.

It will be noted that although legislation was enacted as of date August 14, 1922, the province did not participate in the federal loan until the end of March, 1923, and therefore no actual building took place.

Throughout the Dominion there would appear to be greater activity in homebuilding by the people, which can be taken as evidence of the success of the initiative taken in the enactment of legislation dealing with the housing problem of the post-war period.

HOUSING—STATEMENT SHOWING USE OF FEDERAL LOAN IN THE PROVINCES

(Compiled from Official Reports as of date March 31, 1923)

DR. J. A. AMYOT, C.M.G., Deputy Minister.

B. EVAN PARRY, M.R.A.I.C., Supervising Architect.

Province	Amount payable on basis of 1911 census on \$25,000,000 basis	Additional Amount payable on basis of \$31,250,000, including revote of \$9,550,080, 1922-23	Amount actually borrowed from Federal Government	Amount advanced by Province	Number of houses built	Number of municipalities	Number of houses under construction or to be built
Manitoba.....	\$ 1,580,534 79	\$ 395,133 69	\$ 1,975,000 00	\$ 1,097,841 09	314	17	33
New Brunswick.....	1,220,710 53	305,177 63	1,525,000 00	.....	Figures not available from Provincial Government.	.....	.....
Ontario.....	8,753,291 93	2,188,322 98	9,350,000 00	8,283,040 99	2,316	74	100
British Columbia.....	1,361,521 59	340,380 40	1,701,500 00	1,701,500 00	528	30	45
Quebec.....	6,949,255 01	1,737,313 75	4,194,906 16	3,007,720 16	1,099	28	.....
Nova Scotia.....	1,707,931 14	426,982 79	1,537,000 00	1,537,460 00	355	11	45
Saskatchewan.....	1,708,257 23	427,064 31	.....	.....	No action taken.	.....	.....
Prince Edward Island.....	325,144 45	81,286 11	50,000 00	.....	Loan made end of March, 1923, therefore no activities to report.	.....	.....
Alberta.....	1,299,714 03	324,928 51	.....	.....	No legislation enacted.	.....	.....
Northwest Territories.....	64,110 99	16,027 75	.....	.....	"	.....	.....
Yukon.....	29,528 31	7,382 08	.....	.....	"	.....	.....
Total.....	25,000,000 00	6,250,000 00	20,333,406 16	.....	4,612*	160*	223*

* Not including New Brunswick.

HOSPITALIZATION

From time to time trustees and hospital boards in different parts of the Dominion have applied to the Department for advice upon the planning, equipment, and principles pertaining to small community hospitals as also those for the treatment of infectious diseases.

Intensive studies have been made upon these subjects and a correlation of practices which obtain in the Dominion and other countries has been formulated. Further, sketch outline plans have been prepared for advice and guidance covering such hospitalization.

A brochure has been written upon the subject and is now being amplified in detail covering the more important phases such as equipment, lighting, heating, sanitation, food services, operating suites, etc., and will be published by the Department in due course. These inquiries have emanated from both the western and eastern provinces and the information furnished, it is understood, has been of great value.

The subject of hospitalization incidental to the Federal Quarantine Service has received the close attention of this division as far as relates to the remodeling of the buildings for the treatment of patients and housing of detained passengers, the results of which have proved the urge which obtained for such action as evidenced by the increased efficiency.

The new disinfector, power and plant house erected at Partridge Island, St. John, N.B., embodies the latest principles of disinfection and disinfestation and was finally completed ready for service in June, 1922.

The station at Lawlor's Island, Halifax, N.S., has been considerably improved both in wharfage and rearrangement of power, disinfection and disinfestation plant, as also the water system and fire protection. Obsolete isolated major infectious diseases hospitals have been remodelled so as to form a model smallpox unit, thereby decreasing the volume of labour and personnel incidental to such hospitalization. Medical officers' quarters which were non-existent prior to 1920 have been arranged, thereby providing means for close and intensive work in the case of quarantine. A survey was made of Rockhead Hospital, Halifax, N.S., with a view of ultimately treating the minor infectious diseases cases at this hospital.

In view of the proposal to treat the minor infectious diseases cases at the port of Quebec in the near future in lieu of as formerly at the Quarantine Station, Grosse Isle, P.Q., consideration was given to a scheme whereby such accommodation could be provided by revising and remodelling the existing hospital at Savard Park, P.Q., co-ordination of the services and economy being the essence of the scheme.

The preparation of a report upon the proposed new location at Bentinck Island, B.C., of the Lazaretto which now obtains at D'Arcy Island, B.C., occupied the attention of the division. Topography, climatic conditions, hydrography, water supplies, sanitation, lighting and communications were dealt with, culminating in the presentation of a complete scheme for the project.

Occasion was taken to report and advise on proposed accommodation for examination of hookworm disease in the Immigration building at Victoria, B.C.

SANITATION

Many applications have been and are being received daily asking for advice on sewage treatment for isolated houses where municipal sewage system is not available. It was, therefore, deemed advisable, owing to the importance of the subject, to have such a treatise prepared more particularly for the farmer, small

homesteader and trustees of small public institutions in isolated areas. The members of the Dominion Council of Health agreed that such a publication would prove of inestimable value and, consequently, it was published during the month of May, 1923, for distribution throughout the Dominion.

The Canadian National Parks Branch sought advice from the Department upon unsatisfactory sanitary conditions, including both sewage disposal and water supplies, which obtained at one of their townsites in Alberta. Careful investigation was made of the local conditions and a scheme devised whereby the existing outside privies should be abolished and tanks installed within the houses, the excreta being chemically treated and emptied by force pumps and disposed of in accordance with the most modern and scientific practice. Further, the wells found to be existing within the houses were recommended to be closed and driven wells installed in lieu thereof.

Water supplies have also received attention primarily from the point of view of obtaining pure supplies, special references being made to location, topography and soils, also the construction of wells, use of rain water and the objection to the primitive method of obtaining water outside the house when it is quite possible under present day conditions to have it installed within the house and of ready access to the housewife, thereby saving needless toil and lessening the causative effects of ill health.

Brochures covering the subjects of ventilation, garbage disposal and mosquito control are now under consideration and will be published in due course.

(6) OPIUM AND NARCOTIC DRUGS

The following licenses were issued during the year:—

Import licenses.....	200
Export licenses.....	40
Wholesale druggists' licenses.....	110
Retail druggists' licenses to manufacture.....	56

The following table shows the amount of narcotics imported into Canada for the years 1919 to 1923 inclusive:—

—	1919	1920	1921	1922	1923
Cocaine.....	12,333 ozs.	6,968 ozs.	3,310 ozs.	2,952 ozs.	3,330 ozs.
*Morphine.....	30,087 ozs.	28,198 ozs.	12,124 ozs.	8,774 ozs.	10,998 ozs.
Crude opium.....	34,262 lbs.	13,626 lbs.	2,953 lbs.	1,700 lbs.	1,373 lbs.

NOTE.—These figures cover the fiscal years ended March 31.
* Morphine includes diacetyl morphine (heroin).

While the above figures represent a slight increase in the amount of cocaine and morphine imported during the year ended March 31, 1923, it does not follow that there was an increase in the consumption of these drugs during the period in question, but simply that there was an increase in the quantity of these drugs held in stock at the end of the year.

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The following table shows the amount of narcotics exported from Canada during the year:

Drug	Destination	Quantity		
		lbs.	ozs.	grs.
Cocaine.....	Newfoundland.....	..	..	6,369
	Brazil.....	..	..	960
	Nassau, B. P. Bahamas.....	..	..	480
Morphine.....	Newfoundland.....	..	..	10,406½
	Brazil.....	..	..	1,920
Heroin..... (diacetylmorphine)	Newfoundland.....	..	..	16½
	Brazil.....	..	..	240
Codeine.....	Newfoundland.....	..	..	1,260
	Brazil.....	..	..	3,840
	Nassau, B. P.....	..	..	960
Gum opium.....	Brazil.....	2	8	
	Nassau, B. P.....	..	8	
Powdered opium.....	Brazil.....	1	4	
Tincture opium.....	Jamaica, B.W.I.....	100	..	
Tincture of chloroform Co and morphine Co..	Newfoundland.....	2	..	
	Nassau, B. P.....	5	..	
Dovers powders.....	Newfoundland.....	..	..	1,000 tbs.
	Nassau, B. P.....	1	..	
Glycoheroin.....	Newfoundland.....	1 gal.		

In connection with the exports of narcotics from Canada, it might be explained that most of these drugs are included in a mixture with other ingredients such as in tablet or pill form, etc., or in the form of tinctures, and are generally included with a general order for drugs of various kinds required by customers of Canadian manufacturers in Newfoundland, New Zealand, British West Indies and Australia. Narcotics exported to England would represent goods returned by the Canadian importer to the manufacturer in England.

The export of narcotics is controlled under license, and such license is only granted conditional on the Canadian exporter obtaining from his customer in the country to which the goods are to be exported, written permission from the proper authority of the Government of the importing country with a certificate stating that the drugs are required solely for scientific or medicinal purposes. This permit must accompany all applications for licenses to export narcotic drugs. The object of this system, is for the purpose of confining the use of these drugs to legitimate purposes so far as is possible, and to prevent unscrupulous individuals from importing narcotics for illigitimate use.

The following table shows the number of prosecutions handled by the Royal Canadian Mounted Police on behalf of the Department of Health during the fiscal year:

Province	Doctors	Druggists	Veterinary Surgeons	Illicit dealers other than Chinamen	Chinamen
British Columbia, not including Vancouver.....				9	164
Vancouver.....				10	26
Alberta.....	2			6	26
Saskatchewan.....				2	14
Manitoba.....		2		18	6
Ontario, not including Toronto.....			1	10	58
Toronto.....		1		12	45
Quebec, not including Montreal.....		1		22	8
Montreal.....	12	7		74	131
New Brunswick.....	1			3	
Nova Scotia.....					21
Prince Edward Island.....					
Totals.....	15	11	1	166	499
Total convictions.....	692				

Statistics covering the number of convictions for infractions of the Opium and Narcotic Drug Act other than by the federal police, are not yet available for the fiscal year. The attached table, however, shows the total number of convictions for offences against the Act for the judicial year ended September 30, 1922. These figures include federal, provincial and municipal prosecutions.

Illustrations by **Publication Information**

Province	Breach of Opium and Narcotic Drug Act not other- wise speci- ed	In possession of				Smoking Opium	Selling Narcotic Drugs	Dispensing Narcotic Drugs	Keeping Opium Dens	Frequenting Opium Dens
		Opium	Cocaine	Morphine	Drugs not specified					
Prince Edward Island										
Nova Scotia	11	2						1		
New Brunswick	3									
Quebec	68	12	11		398	12				
Ontario	25	70	8	7	111	46				
Manitoba		7	3	11						
Saskatchewan		27	9	3	5	11				
Alberta	7	27	8	1	8	9				
British Columbia	14	127	52	41	140	82				
Yukon Territory										
Totals for Canada	138	272	93	66	665	160	113	2	31	318

DETAILS OF CONVICTIONS FOR OFFENCES AGAINST THE OPIUM AND NARCOTIC DRUG ACT FOR THE YEAR ENDED
SEPTEMBER 30, 1922—*Concluded*

Furnished by Dominion Bureau of Statistics

Province	Total Convictions		Sentence			Racial Origin											
	Male	Female	Option of a fine	Committed with-out option	Deferred, etc.	British and American	Chinese	French	Italian	German	Jewish	Polish	Russian	Scandinavian	Indian	Japanese	Austrian
Prince Edward Island.....	12	.....	12	.....	.....	2	10	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Nova Scotia.....	11	.....	11	.....	.....	4	6	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
New Brunswick.....	531	43	372	194	8	298	230	1	8	1	1	4	2	.....	.....	.....	.....
Quebec.....	383	14	307	71	19	135	247	7	6	.....	.....	.....	.....	.....	.....	.....	.....
Ontario.....	21	2	11	11	1	17	6	.....	.....	.....	.....	.....	2	.....	.....	.....	.....
Manitoba.....	65	4	47	19	3	15	50	.....	.....	.....	1	.....	2	1	.....	.....	.....
Saskatchewan.....	65	2	48	18	1	16	49	.....	.....	.....	.....	.....	1	.....	1	.....	.....
Alberta.....	675	30	506	180	19	176	519	.....	1	.....	.....	.....	1	1	4	3	1
British Columbia.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Yukon Territory.....
Totals for Canada.....	1,763	95	1,314	493	51	663	1,117	40	15	1	2	4	5	2	5	3	1

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With regard to the situation in Canada, generally speaking, it is not much improved. Our laws are being strictly enforced and the importation, manufacture and sale of these drugs through the legitimate trade channels is under very strict supervision and control. Large quantities are smuggled into the country for illicit purposes and this to a very large extent adds difficulties to our efforts to suppress the illicit traffic in narcotics.

From information reaching the department there is very little doubt that the greater part of these illicit shipments is smuggled into this country by certain officers and members of the crews of the various steamship companies operating between Canadian and European ports. Drugs are smuggled into Canada from Italy, Switzerland, France, Holland, Germany and Great Britain. It is understood that sometimes these drugs pass through seven or eight hands between the time they are packed for shipment in Europe and their reaching the receiver in Canada.

This system is carried on very extensively and some of the dealers in the United States and Canada have four or five separate connections in Europe. The Department has reason to believe that large quantities of the drugs reaching Canada through illicit channels are intended for the United States, as the demand there is much greater than in Canada.

At the present time arrangements are being perfected by the Customs and Federal Police authorities in co-operation with the League of Nations, by which it is hoped to get at the root of this evil by apprehending the ringleaders interested in the smuggling of these drugs into the Dominion.

The medical profession is being convinced that it can do with much less of these drugs in the practice of medicine than has been customary in the past and that narcotics can be prescribed in a great many instances, in some form other than morphine or heroin.

While Turkey and Persia remain outside the Opium Convention, it is extremely difficult to control the production of the basic drug, opium. Conditions in China also aggravate the situation to a very great extent, in view of the fact that in the northern provinces of China, the poppy is grown almost as extensively to-day as at any time in the past, and there is little doubt that large quantities of the opium produced in China (in contravention of the laws of that country) find a ready market through illicit channels.

The following is a list of narcotic drugs and opium-smoking paraphernalia seized by the Customs and Police authorities during the year ended December 31, 1922:—

Place	Date	Nationality	Goods
Montreal	Mar. 2, 1922	Canadian	4 ozs. cocaine
"	Jan. 5, 1922	Italian	5½ ozs. cocaine
			36 ozs. morphine
			7 ozs. cocaine
"			1,000 heroin tabs.
"	Oct. 31, 1921	Unknown	36½ ozs. cocaine
"	July 31, 1922	Canadian	8½ ozs. cocaine
Victoria	" 31, 1922	Chinaman	28 tins opium
Montreal	Aug. 21, 1922	Canadian	4 lbs. opium
"	" 21, 1922	American	10 lbs. opium
"	" 21, 1922	Chinaman	15 lbs. opium
"	" 21, 1922	"	25 lbs. opium
"	July 7, 1922	Unknown	4¾ ozs. cocaine
Edmonton	June 30, 1922	American	5 capsules morphine
Victoria	Dec. 1, 1922	Chinaman	192 tins opium
Montreal	Nov. 20, 1922	Unknown	10,000 ozs. cocaine, morphine and heroin
St. John	Dec. 11, 1922	Canadian	100 ozs. morphine

Opium.....	199 lbs. 1 oz. 206 grs.
*“Decks” of opium.....	489
Opium seconds (Yenshree).....	9 lbs. 8 ozs.
Morphine.....	7 lbs. 6½ ozs. 389 grs.
Tablets (half grain).....	1,285
*“Decks” of morphine.....	174
Cocaine.....	7 lbs. 1 oz. 163 grs.
*“Decks” of cocaine.....	355
Heroin.....	7 lbs. 5 ozs. 135 grs.
*“Decks” of heroin.....	15
Drugs (Miscellaneous) including morphine, heroin and cocaine, 57 bottles containing	15 lbs. 3 ozs. 58 grs.
*“Decks”.....	3,134
Opium lamps.....	587
Opium smoking pipes.....	398
Opium scales.....	165

*A “Deck” is a small package containing from three to five grains.

Twenty-seven persons were deported by the Immigration authorities under the provisions of section 10 (b) of the Opium and Narcotic Drug Act.

One of the great needs in Canada at the present time is hospital accommodation for the treatment of drug addicts. The ordinary hospital does not care to admit this class of patient, owing to the fact that they are as a rule very noisy and require male attendants, and also in view of the fact that the treatment takes time and is therefore expensive, and the great majority of these drug addicts have not the financial means of paying for such treatment.

It is an agreed principle by most medical men who have made a study of the treatment of drug addicts, that it is practically impossible to treat this class of patient successfully, with a view to affecting a cure, unless the patient is confined to some hospital or institution where there are proper facilities for care whilst undergoing treatment. The so-called ambulatory method or gradual reduction treatment has long since proved a failure and has been discarded by the great majority of the medical profession as an unscientific and impractical method of effecting a cure, for the principal reason that drug habitués as a rule, while expressing a sincere desire to be freed from the habit, invariably manage to obtain supplies through the medium of more than one physician at the same time, or through underground channels, thereby nullifying the efforts of the actual physician directing the treatment. It is therefore of the first importance that a patient should be confined to an institution, so that his physician may have absolute control over the supply of narcotics obtained by the patient while undergoing treatment.

Unfortunately, at the present time there are no institutions in any of the provinces, which make provision for the admission of drug addicts to be treated voluntarily or otherwise. Most of these patients are committed to the ordinary jail or to an insane asylum, neither of which can be considered a proper place for the treatment of this class of patient. The matter of treatment is purely a medical one, while the suppression of the illicit traffic is altogether a police question. The two, however, are inseparably linked up in so far as stamping out the evil is concerned, and until such time as the provincial and municipal authorities make arrangements for the care and treatment of drug addicts, it will be a most difficult matter to eradicate the evil and prevent its spread. It has been proved that drug addicts succeed in inducing persons to use deleterious drugs, thereby spreading the habit with a view to being themselves able to obtain a supply of the drugs when in need. The drug addict lives in fear of not being able to replenish his supply.

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In the clinic which was opened in the city of New York some few years ago for the treatment of drug addicts, very accurate statistics were kept of 3,262 persons treated. Of this number, 2,647 were male and 615 female. The stated causes of addiction were as follows: Illness, 429; other causes, curiosity, pleasure, trouble, etc., 351; association, 2,482. Among the age groups, 968 were between 15 and 19 years, 927 between the ages of 20 and 25 years, 711 between the ages of 26 and 30 years, 523 between the ages of 31 and 40 years, and 133, 41 years or over.

In connection with these statistics, Dr. Copeland says:—

“To my mind the most striking thing about these figures is that the large majority of the patients are under 25 years of age, and nearly one-third are not out of their teens. Our patients are just misguided and unfortunate boys and girls—mere children. That more persons past the age of 40 do not appear means that the addict dies young, a ready victim of tuberculosis or some other acute infection, or the drug traffic on the present scale is so recent that only the young are at present affected.”

Arrangements have been made for closer co-operation between the provincial and municipal authorities with a view to making a concerted effort to stamp out the narcotic drug evil in Canada.

(7) PROPRIETARY OR PATENT MEDICINES

Medicines registered and licensed under the Proprietary or Patent Medicine Act numbered 4,868. These preparations comprised tonics, headache powders, pills, liniments, salves, etc., and were for the most part manufactured in Canada, but considerable quantities were imported from England, France, United States and Germany.

Of the number referred to, about 100 contained alcohol in excess of 2½ per cent and were approved by the Advisory Board as containing sufficient medication to prevent their use as alcoholic beverages. During the period under review, 50 per cent of the registration numbers previously assigned alcoholic tonic wines were cancelled, chiefly at the request of the manufacturers, who apparently found that the medication insisted upon by the Advisory Board rendered their products unsaleable.

Many articles presented for registration were rejected as absolute frauds or dangerous to health. The general tone of advertising medicines, subject to this Act, very noticeably improved and violations of its provisions materially decreased. So far as the Department has been able to ascertain, the proportion of scheduled drugs used in medicines registered thereunder did not exceed the quantities permitted.

It may be pointed out, however, that many manufacturers chose the alternative of printing on the labels and wrappers the formula or full list of medicinal ingredients and proportion of scheduled drugs present in their preparations and thus claimed exemption from the requirements of the Act.

(8) DIVISION OF CHILD WELFARE

General co-operation in matters relating to child and maternal welfare has been continued or established as follows:—

(a) *Department of Immigration, Women's Branch.*—Conferences *re* the care and welfare of women and children arriving at the ports and immediately thereafter. Special attention to young women going into domestic service and to those coming out to be married in Canada.

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(b) *Department of the Interior*.—Conference re child welfare and maternal welfare in the Northwest Territories and the Yukon. Information on file.

(c) *Department of Trade and Commerce, Dominion Bureau of Statistics*.—Frequent conferences have been held with the Dominion Statistician re vital statistics, re statistics on education, statistics re juvenile delinquents, and statistics re age, height, weight.

(d) *Department of Agriculture*.—Conferences re the use of milk for children and mothers.

(e) *Department of Indian Affairs*.—Conferences re welfare of Indian children and the providing of publications for Indian mothers.

(f) *Department of Soldiers' Civil Re-establishment*.—Conferences re dietary and other matters relating to child and maternal welfare.

(g) *Soldiers' Settlement Board—Home Branch*.—Conferences re home welfare and distribution of literature also preparation of new publications.

CO-OPERATION WITH THE PROVINCES

Co-operation with all the provinces of Canada in regard to child and maternal welfare has made continued progress during the year. Perhaps the best instance of this is the fact that over five hundred persons, representing about fifty different departments or boards of Provincial Governments, co-operated directly in the preparation of the "Hand-book of Child Welfare Work in Canada," published March 27, 1923.

CO-OPERATION WITH VOLUNTARY SOCIETIES

Co-operation with voluntary societies and private individuals has advanced in like manner. We are in constant communication with all the voluntary organizations of a national character and with a much larger number of Provincial and local associations who are working more or less directly for child welfare. The number of letters and telegrams received—2,241—and the fact that one hundred and fifty persons from all parts of Canada have called at the office during the year, illustrates this.

Opportunities for this work have increased during the year. Special mention may be made of the work of the Canadian Tuberculosis Association re the prevalence and prevention of tuberculosis in childhood. A subcommittee of the executive has this matter in hand and in addition to the first survey in Saskatchewan three other provinces are proceeding with the plan. It is hoped that about 1 per cent of the school population will be examined and that similar studies will be made of children of pre-school age. Meetings of this subcommittee have been regularly attended.

As before constant co-operation has been maintained with the Canadian Council of Child Welfare, the Canadian Association of Child Protection Officers, and with other voluntary associations and organizations, for the benefit of children who need special care, both local and general.

We are again indebted to the authors and publishers of books, pamphlets, periodicals and reports upon the subject of child welfare in all the provinces of Canada, in Newfoundland, in Great Britain, in India, South Africa, Australia, New Zealand, the United States, France and Belgium, for forwarding their publications.

Co-operation with provincial officials and authorities has been carried on as usual by correspondence, visits to the provinces from time to time, by personal interviews and by answering numerous requests for action and information con-

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cerning a great variety of subjects within the scope of child and maternal welfare and home interests. On the same general plan, co-operation has been carried on during the year with private individuals, and Voluntary Societies engaged in the work of child welfare.

PUBLICATIONS OF DIVISION

A "Handbook of Child Welfare Work in Canada" has been prepared and published during the year. This book consists of a brief statement, compiled from official reports and other authoritative sources, of the work for child welfare which was carried on in Canada during the official year ended March 31, 1922. The "Handbook" was published on March 27 and about 7,000 copies were mailed on or about March 31. The cordial co-operation and help of the members of the Dominion Council of Health and of the provincial authorities rendered it possible to present a general view of child welfare work in Canada. It is hoped that the "Handbook" may be found useful for reference and other purposes.

THE CANADIAN MOTHER'S BOOK

It became necessary to prepare a new and revised edition of "The Canadian Mother's Book" during the year, new material being available since March 3, 1921, when it was first issued, and the plates used for the original book being worn out.

New illustrations have been added to the book, which contains about fifty pages more than the original edition and is divided into chapters. An index has been added by request and several tables.

"The Canadian Mother's Book" has been translated into Ruthenian and is appearing serially in *Ranok*, a Ruthenian paper published in Winnipeg.

Special requests have been made from time to time, especially by the Home Branch of the Soldiers' Settlement Board, for a little book for mothers in out-post homes, who may fear that medical and nursing aid may not be available at the time of the birth of the baby. Such a publication has been written and discussed with several authorities. It is now ready for publication and it is intended that one thousand only be printed, until we can ascertain whether or not a larger distribution is advisable.

THE LITTLE BLUE BOOKS—HOME SERIES

The Little Blue Books—Home Series have been reprinted several times during the year, both in English and French. It is now intended to prepare and publish as soon as possible, new and revised editions in English and French, of all the fourteen Little Blue Books, arranged in three series, as follows:—

The Mother's Series:

1. The Canadian Mother's Book.
2. How To Take Care Of The Baby.
3. How To Take Care Of The Mother.
4. How To Take Care Of The Children.
5. How To Take Care Of The Father and The Family.

The Home series:

1. Beginning Our Home In Canada.
2. How To Build Our Canadian House.
3. How To Make Our Canadian Home.
4. How To Make Our Outpost Home In Canada.
5. How To Prevent Accidents And Give First Aid.

The Household Series:

1. Canadians Need Milk.
2. How We Cook In Canada.
3. How To Manage Housework in Canada.
4. How To Take Care of Household Waste.
5. Household Cost Accounting in Canada.

FALL FAIR POSTERS

In the month of July, 1922, posters were prepared in English and in French and lithographed for use at the fall fairs and exhibitions. The posters gave the list of publications in child welfare and directions as to how these might be obtained free. It was found that there are over eight hundred of these exhibitions and the postcards, which accompanied the posters were filled out in many hundreds of cases. The total number of posters sent out was 1,400 and postcards sent out 40,000.

During the month of October alone 7,315 of these postcards, duly filled, were returned with requests for publications.

CARDS FOR DISTRICT REGISTRARS

The "Card for the Baby's Mother," approved by the Chief Provincial Medical Officers of Health and first issued in 1921 to the district registrars, has been more successful than ever before in this, the third year of issue. No day passes without a little pile of these cards coming back in the mail and they come from all the provinces. The words "This Card is for the Baby's Mother" are printed in red on the face of the card is intended to be forwarded to the mother when the birth is registered by favour of the person registering the birth. We have received thousands of these cards during the year, returned to us duly filled out with the mother's name and address as requesting a copy of "The Canadian Mother's Book."

HOME SERVICE

Every year the national importance of this matter becomes more urgent. In addition to the work of the Department of Immigration, Women's Branch, in which we have had the privilege of co-operating (see above) it is well known that the Governments of Ontario, Saskatchewan and British Columbia have respectively taken steps to meet the need and that their plans have met with a measure of success. In these provinces and in the other provinces of Canada, the Salvation Army is engaged in efforts which have the same general aim, and in some provinces the authorities have expressed their wish to approve and support the work of the Salvation Army rather than to engage in such work themselves.

In the province of Saskatchewan the plan of "Nursing Housekeepers" has been devised and carried out and in some of the cities of Canada, the local health authorities, in co-operation with voluntary associations, are considering ways and means to meet the need of supplementing pre-natal care by some form of home service, and securing, if possible that such home service shall be made available, for a reasonable charge, or if necessary, free of charge, at the time of the birth of the baby and for a little time thereafter, until the mother has regained her strength.

An opportunity offered in December, 1922, to give a public address on "Home Service and Public Health" and two articles upon the same general subject have been prepared, which it is hoped may appear in some popular magazine published in Canada, and may help to direct public attention to this subject.

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OUTPOST HOMES

Increased attention has been given to this subject during the year and further knowledge of the situation has been gained by enquiry, conference and correspondence. Public opinion is becoming better informed as to the need of medical and nursing care in these homes and the necessity of some domestic assistance, at least for a short time, immediately before and after the birth of the baby.

CHILDREN NEEDING SPECIAL CARE

As will be seen by reference to the "Handbook", marked progress has been made during the year in regard to the education and supervision of children who, for any reason, require special care.

AGE—HEIGHT—WEIGHT

Statistics re the age—height—weight of school children in Toronto, were compiled by the Division of School Medical, Dental and Nursing Service of the Department of Health, Toronto, in September, 1922, and it was arranged that the Dominion Bureau of Statistics should tabulate these figures from the cards as supplied by the Toronto Department of Health. The results so obtained were forwarded to the Toronto authorities early in March, 1923, and a copy sent to this division.

The following opinion is expressed by Mr. E. S. Macphail, Superintendent of the Division of Demography in the Dominion Bureau of Statistics, under whose direction the work was done, in a letter dated March 9, 1923:—

"I think the tables showed some very interesting facts and compared rather favourably with those procured by Dr. Wood, of the United States Government."

FOOD AND DRUGS DIVISION

GENERAL

Samples of food and drugs were examined at the laboratories of the department, as follows:—

OTTAWA

Alcohol.....	4	Baking powder.....	3
Balsam of honey.....	1	Basic salg.....	3
Beans.....	29	Beer.....	1
Black pepper.....	95	Blood meal.....	2
Bread.....	3	Bone meal.....	2
Butter.....	115	Camphorated oil.....	20
Candy.....	1	Canned tomatoes.....	3
Catsup.....	3	Cell-u-flour.....	1
Cheese.....	11	Cheese colour.....	10
Chili con carne.....	1	Chili sauce.....	1
Chloroform.....	6	Chocolates.....	1
Chow Chow.....	2	Cider.....	11
Cloves.....	1	Cocoa.....	4
Cocoanut oil.....	1	Coffee.....	6
Cotton seed meal..	1	Cream.....	1
Cream of tartar.....	7	Custard.....	1
Custard powder.....	1	Darco.....	1
Decorticated pepper.....	1	Desiccated vegetables.....	4
Disinfectants.....	2	Drugs.....	463
Dubbing.....	2	Dye.....	1
Egg albumen.....	16	Egg desiccated.....	1
Egg dried.....	5	Egg whole.....	4
Egg whole powder.....	1	Egg yolk.....	2
Enamel.....	1	Eucalyptus oil.....	1

Ottawa—Concluded

Extract of cinchona.....	4	Extract of lemon.....	5
Extract peppermint.....	10	Extract of vanilla.....	1
Feeds.....	224	Fertilizers.....	144
Figs.....	9	Fish.....	14
Flour.....	2	Fluids.....	1
Full meal.....	1	Fowler's solution.....	1
Gasoline.....	1	Gelatine.....	20
Ginger.....	1	Glander salts.....	1
Glycine.....	2	Grape juice.....	1
Hamburg steak.....	9	Headache powders.....	9
Honey.....	12	Ice cream.....	1
Icing sugar.....	4	Inks.....	4
Instrument oils.....	4	Iron brew.....	1
Izal.....	1	Jams.....	83
Jelly.....	12	Jirah bread.....	1
Jirah flour.....	1	Lemon sour.....	4
Linseed oil.....	1	Maple butter.....	2
Maple sugar.....	4	Maple syrup.....	55
Marmalade.....	2	Meat.....	1
Meat potted.....	4	Medicines.....	6
Milk foods.....	2	Molasses.....	1
Mushrooms.....	1	Nutmegs.....	4
Nuts.....	15	Oil.....	14
Oil of wintergreen.....	2	Oleomargarine.....	15
Olive oil.....	30	Olives.....	4
Orangeade.....	2	Paints.....	12
Paints and varnishes.....	13	Paraffin.....	2
Peas.....	1	Pectin.....	1
Pepper shells.....	2	Pie filling.....	2
Poisons.....	10	Pork and beans.....	3
Port wine.....	2	Preservatives.....	3
Prunes.....	1	Puddings.....	4
Pure sugar and cream and butter.....	1	Rangoon oil.....	1
		Raspberry jam.....	1
Red lead.....	1	Saddle soap.....	4
Saltpetre.....	2	Salus.....	2
Sarsaparilla.....	1	Sausages.....	27
Seidlitz powders.....	1	Shaving cream.....	1
Shellac.....	1	Shrimps.....	2
Sirop d'Anis Gaugin.....	1	Soap.....	26
Soft drinks.....	6	Soups.....	6
Spirits Aromatic amm.....	1	Spirits of camphor.....	7
Spirits of nitre.....	5	Stock tonic.....	1
Sugar.....	1	Sweet oil.....	1
Syrup.....	10	Syrup laval.....	1
Tablets.....	1	Tanlac.....	6
Tincture of digitalis.....	1	Tincture of iodine.....	6
Tonic wines.....	26	Tomato paste.....	1
Vanilla beans.....	1	Turpentine.....	12
Vegetables.....	1	Varnish.....	1
Vinegar malt.....	3	Vinegar.....	5
Water.....	1	Vinegar spirit.....	4
White lead.....	1	White sauce.....	1
		Wine.....	2
		Total.....	1,860

Halifax

Maple sugar.....	10	Honey.....	18
Confectionery.....	16	Molasses.....	1
Butter.....	5	Olive oil.....	14
Evaporated fruit.....	8	Ginger.....	20
Pepper.....	24	Cloves.....	5
Allspice.....	4	Seasoning.....	2
Cream tartar.....	16	Coffee.....	4
Egg powder.....	1	Gluten flour.....	1
Lemon extract.....	26	Other flavouring extracts.....	10
Lime juice.....	3	Cider.....	2
Fruit syrup.....	2	Vinegar.....	3
Spices (imported).....	11	Preservaline.....	2
Turpentine.....	2	Opium and narcotic drugs.....	11
Fertilizers (Department Agriculture).....	70	Feeding stuffs (Department Agriculture).....	43
Butter (Department Agriculture).....	5	Wash and spirits (Customs).....	16
Water.....	4	Spices.....	2
Liquor.....	3		
		Total.....	364

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MONTREAL

Baking powder.....	4	Mana.....	2
Bromo seltzer.....	1	Maple cream.....	1
Butter.....	141	Maple sugar.....	17
Camphorated alcohol.....	3	Maple syrup.....	15
Camphorated oil.....	5	Milk.....	27
Catsup.....	1	Mineral water.....	2
Cherry candies.....	1	Molasses.....	6
Cinnamon.....	4	Mustard.....	4
Cloves.....	5	Olive oil.....	31
Cocanut oil.....	2	Patent medicine.....	1
Coffee.....	2	Pepper—White.....	8
Cognac flavour.....	1	Pepper—Black.....	29
Cordial St. Francois.....	1	Pepper—Red.....	2
Corn (canned).....	4	Peppermint extract.....	2
Cream.....	12	Ratafia extract.....	1
Cream of tartar.....	2	Salad oil.....	2
Eggs (shelled).....	1	Salmon (canned).....	1
Ginger.....	34	Sausages.....	17
Ginger extract.....	1	Seidlitz powders.....	3
Glycerine.....	2	Strawberry extract.....	1
Ham (pressed).....	1	Syrups.....	2
Headache powder.....	1	Tincture of iodine.....	5
Honey.....	10	Tomatoes (canned).....	3
Hydrogen peroxide.....	1	Vanilla extract.....	3
Lemon extract.....	31	Vinegar.....	12
		Total.....	468

CUSTOMS IMPORTS

Anchovies.....	2	Pure white lac.....	1
Beans.....	2	Preservaline.....	2
Chaulmoogra oil.....	1	Walnuts.....	3
Dry figs.....	1		
Gluten bread.....	1	Total.....	13

SUBMITTED BY THE ROYAL CANADIAN MOUNTED POLICE

Narcotic drugs..... 130

SUBMITTED BY THE DEPARTMENT OF AGRICULTURE

Butter.....	87	Feeding stuffs.....	139
Mana.....	4	Fertilizers.....	42
Cheese.....	10		
		Total.....	282

WINNIPEG

Allspice, ground.....	3	Green River syrup.....	1
Baking powders.....	4	Honey, comb.....	1
Camphorated oil.....	4	Honey, strained.....	22
Camphor, spirits of.....	1	Iodine, tincture of.....	4
Cassia, ground.....	3	Jelly powders.....	3
Cayenne.....	1	Lard.....	5
Canned fruits and vegetables.....	23	Lemon flavouring extract.....	38
Chocolate candy.....	35	Mace, ground.....	3
Cloves, ground.....	8	Maple syrup.....	17
Cocoa.....	9	Mustard, ground.....	3
Coffee, ground.....	17	Mustard, prepared.....	2
Condensed milk.....	1	Olive oil.....	15
Cream of tartar.....	3	Oranges.....	2
Egg powder.....	1	Pepper, ground, black and white.....	55
Friar's balsam.....	1	Vanilla extract.....	15
Ginger, ground.....	27		
		Total.....	327

FROM FEDERAL DEPARTMENTS

Department of Agriculture, Dairy Division, butter.....	12
“ “ Seed Branch, feeds.....	196
“ “ “ fertilizers.....	10
“ Customs and Excise, Customs, beans.....	32
“ “ “ celery.....	26
“ “ “ nutmegs.....	1
“ “ “ Excise, liquors.....	60
“ R.C.M.P., Excise liquors.....	10
“ “ Indian Act liquors.....	2
“ “ narcotics.....	73
“ Soldiers' Civil Re-establishment, canned goods.....	131

FROM PROVINCIAL GOVERNMENT DEPARTMENTS

Manitoba Temperance Act Administration, liquors for alcohol.....	40
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SAMPLES FROM OTHER SOURCES

City of Winnipeg, narcotics.....	5
“ Moose Jaw, canned corn.....	3
“ “ milk.....	1
Beverages for alcohol content.....	25
Beef and pork fat residues.....	2
Camphor, spirits of.....	2
Epsom salts.....	1
Feed.....	1
Gelatine.....	2
Potted meats.....	27
Stock tonic.....	1
Vanilla flavour.....	1
Vinegar.....	4
Wines, tonic.....	2
Total.....	670
Total samples.....	997

One shipment of 930 pounds of nutmegs was refused entry into Canada, on account of excess of mouldy and wormy nutmegs. A shipment of potted meats, examined for the importer, was declared unfit for food. This shipment was subsequently destroyed. On account of alleged illness from eating sprayed celery, all imported shipments were examined for arsenic adhering sprays. Twenty-six carloads have been examined during the last three months of the fiscal year.

VANCOUVER

Albumen, dried egg.....	6	Flour, cake ("Swans' Down").....	1
Allspice, ground.....	6	Flour, diabetic ("Jirch & Premier")..	2
Almonds, whole blanched.....	1	Flour, sausage.....	2
Apples, evaporated.....	18	Gelatin.....	2
Ashes, wood.....	8	Ginger, ground.....	1
Asparagus, canned.....	1	Ginger, preserved.....	4
Baking powder material.....	2	Grapefruit, fresh.....	1
Beans, Asiatic.....	135	Honey.....	2
Betel nut sweetmeats.....	2	Jam, gooseberry.....	1
Butter.....	8	Jam, plum and orange.....	6
Cassia bark.....	2	Labels.....	1
Cherries, canned.....	1	Lard purifier.....	1
Chicory ground.....	1	Lemons, fresh.....	1
Cider, apple.....	4	Mace, ground.....	3
Cigarette for opium.....	1	Mace, whole.....	4
Cloves, whole.....	5	Medicines, pills and herbs, Oriental	21
Cocoa beans.....	7	Milk, canned whole.....	2
Cocoa powder.....	1	Milk, fresh whole.....	1
Cod, smoked black.....	1	Milk, powdered whole.....	2
Coffee substitute.....	1	Milk, dry skimmed ("Dryce").....	1
Corn, canned.....	1	Mustard, French.....	1
Cream, canned ("Keepsweet").....	1	Mustard, flour.....	1
Cream thickener ("Cremo Vesco")	1	Nutmegs, whole.....	2
Dates, dried.....	1	Oil, olive.....	11
Drugs, narcotic.....	78	Oil, cottonseed ("Wesson").....	3
Drugs, suspected.....	2	Oil, rapeseed.....	4
Dyes.....	4	Oranges, fresh.....	486
Eggs, fresh and salted.....	22	Paprika, ground.....	2
Eggs, dried yolk.....	2	Pastes, meat and fish.....	309
Egg powder ("Crysova").....	1	Peanuts in shell.....	1
Eggs, dried whole.....	8	Peas, canned.....	2
Egg product ("Glaze").....	1	Pepper, black ground.....	1
Essences, powdered.....	1	Pepper, black whole.....	5
Extract, vanilla compound.....	1	Pepper, white ground.....	1
Feeding stuffs, commercial.....	72	Pepper, white whole.....	6
Fertilizers, agricultural.....	37	Pineapple, canned.....	1
Figs, dried whole.....	24	Port ("Wilson's Tonic").....	1
Figs, prepared.....	3	Rice.....	1
Flavouring syrup ("400").....	1	Sage, rubbed.....	1
Flavourings.....	1	Salmon, canned.....	1

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VANCOUVER—*Concluded*

Salmon, smoked.....	1	Tomatoes, fresh whole.....	1
Sausage.....	3	Tomato paste, Italian.....	2
Seasoning, sausage.....	1	Vanilla beans.....	4
Soil, muck.....	1	Vinegar, malt.....	1
Spaghetti, canned.....	1	Walnuts meats.....	42
Spices, ground.....	2	Walnuts, in shell.....	6
Sugar, refined.....	10	Whiskey.....	4
Tomatoes, canned.....	1	Wine.....	1
Totals.....			1,453

SPECIAL OBSERVATIONS

Jams and Jellies.—Upwards of 100 samples of jam and jelly were examined in which nothing of an injurious nature was detected. The chief criticism to be offered is that all indications point to a large quantity of prepared pectin being used by many jam manufacturers. While there is nothing harmful about the pectin itself, its presence does away with the necessity of a considerable percentage of fruit when attempting to get a jam of heavy consistency. Consequently, the consumer is often paying for sweetened pectin when what he wants is a pure fruit jam. In some ways, it is a difficult matter to control, but work is being done along this line and the future outlook is promising.

Several samples of jam were found to contain glucose without the presence of this ingredient being stated on the label. Prosecution proceedings were instituted with the result that fines were imposed and the jams properly labelled. From the manufacturer's viewpoint, glucose has several points to recommend it, chief among which are its low price and its ability to resist crystallization. Unfortunately its presence in any considerable quantity gives a decidedly inferior flavour to the produce and is consequently not considered a proper ingredient in *pure jams*.

Cider Vinegar.—Out of a collection of 47 samples of cider vinegar, only 17 proved to be genuine. Prosecution proceedings were instituted and fines collected in all cases of adulteration. When it is remembered that the manufacture of cider vinegar provides one way at least of utilizing a large part of the apple crop which may not be directly saleable, it will be recognized that to allow a cheaper adulterated article to be offered for sale under the same name is to place a severe handicap upon the cider vinegar industry and consequently upon the fruit grower.

Diluted acetic acid, coloured with caramel, seems to be one favourite method of simulating a pure cider vinegar, just sufficient cider vinegar to give a slight flavour and colour of the genuine article.

A close watch has been kept upon this particular product with the result that the market is much freer of the adulterated article than was the case a year ago.

Hamburg Steak and Sausages.—Certain manufacturers of prepared meats are still persisting in the use of colour and preservative in the preparation of their products. The *preservative* generally used is sodium bisulphite. The object of the preservative is, of course, to prevent fermentation in the meat, but such large quantities have been found at times as to suggest that the meat must have been tainted before being prepared, and so have required additional preservative to keep it from becoming unsaleable altogether.

When *colour* is used in meat preparations, neither the amount nor the nature of it are sufficient to be at all harmful to health. The chief objection, however, lies in the fact that they give the appearance of being smoked without the characteristic flavour or keeping quality.

Camphorated Oil (Linimentum Camphorae).—During the year 20 samples of this product were examined in the Ottawa laboratory. Unless otherwise designated, camphorated oil is required to conform to the requirements of the British Pharmacopoeia. Examination of the samples shows that there is still considerable adulteration practised. Possibly this is more often due to ignorance on the part of druggists than to a wilful disregard of requirements of the Pharmacopoeia. The chief defect found in the samples examined was the deficiency of camphor, in some cases the samples contained only half the amount of camphor required. In addition some of the samples were prepared by dissolving the camphor in cotton seed oil or in mineral oil. While the use of cotton seed oil is prescribed by the United States Pharmacopoeia, the British only permits the use of olive, sesame or peanut oil. Camphorated oil prepared with cotton seed oil complies with the requirements of the Food and Drugs Act if the letters U.S.P. are added to the name on the label.

Ground Ginger.—A collection of thirty-five samples of ground ginger was examined to determine the conformity of this article to the standards. The principal adulteration to which ginger is subjected at the present time is the exhaustion of the root by means of water or alcohol. The chief means of detecting this is a determination of the cold water extractive matter. In the samples examined the maximum percentage of cold water extract (dry basis) was 19.23 per cent and the minimum 11.69 per cent. Nine of the samples, however, contained slightly less water extractive matter than the standard of 13.3 per cent. Another point worthy of note is that much of the ground ginger is evidently prepared from the limed ginger root. In four of the samples the amount of lime present exceeded 2 per cent, the limit prescribed for limed ginger. There was no evidence of adulteration with foreign tissues.

Diabetic Foods.—Four samples of flour and three samples of bread sold for the use of sufferers from diabetes mellitus were examined. It is evident that there is still considerable ignorance or disregard of the regulations regarding this class of foods. Besides specifying the composition of gluten and gluten flour, the regulations require that diabetic foods offered for sale as breads, biscuits, cakes or otherwise, must contain not more than half as much glycogenic carbohydrates (sugars and starch) as the normal food of the same class.

Contract Samples.—One hundred and three samples of miscellaneous supplies purchased by various Government departments were examined to determine their conformity to specification. The knowledge that the articles supplied will be subject to analysis and that the shipment will be rejected if not in accordance with specification has considerable effect in raising the quality of the product supplied. As a result of these analyses, large sums of money have been saved and the value of analytical control of the purchase of supplies is becoming increasingly evident. The samples examined consisted mainly of soaps, paint materials and lubricating oils.

Canned Foods.—The rapid growth of the canning industry has made it necessary to give more attention to the sanitary aspect of food control. Almost every fresh food used is on the market in some state or form of preservation, i.e., canned, dehydrated or preserved and practically every such article when canned, processed and sterilized on scientific principles is a perfectly good and nutritious food. On the other hand, in the case of some canned goods, it is possible for an unscrupulous or careless canner to so process and spice inferior or decayed stock, such as tomato paste, that the finished product will be sterile and more or less attractive to the taste. Consequently the old plate culture methods are almost useless in the detection of this kind of adulteration. Greater

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weight is now given to the direct microscopical method. This, coupled with factory inspection, whenever possible, constitutes the most efficient way of controlling this class of foodstuffs. As knowledge of heat penetration in the processing of various canned foods increases, and as data on the thermal death-point of the different strains of organisms found on certain foods accumulate, the canner is enabled to sterilize scientifically and consequently has less and less excuse for putting on the market foodstuffs not wholly satisfactory.

During the past year a great deal of food, canned and dehydrated was destroyed as being unfit for human consumption. Whenever the safety factor was assured, sorting under supervision was permitted. The general policy of destroying all food that could not be declared sound and wholesome in every respect has been followed.

Burma or Rangoon Beans often contain dangerous amounts of hydrocyanic (prussic) acid. Hence it has been necessary to examine all importations of beans entering Canada and prohibit those containing more than 20 parts per million of hydrocyanic acid. Activity in this direction has practically eliminated these objectionable beans from the Canadian market.

Milk of Magnesia.—A limited collection of this article was made in order to ascertain the quality of the article as manufactured in Canada. Representative samples were taken and examined according to the U.S.P., 9th edition. All samples were found to meet the essential requirements. No extravagant therapeutic claims were made on the labels so that the article as sold locally (Ottawa) may be considered satisfactory.

Black Pepper was examined extensively throughout the country in 1917. Bulletin 379 contains these results and gives the percentage of adulteration as 13.9. A collection was made last August when some 70 samples were analysed and only two were declared adulterated.

Nutmegs.—It was found that shipments of this article which had been refused entry into the United States were being diverted to this country. The inspectors were immediately advised, with the result that several importations of nutmegs, unfit for food, were prohibited entry.

Dried Egg Products (egg albumen, flake egg, egg yolk, etc.).—Importations of these articles have received much attention. Because of the fact that these products were found to carry excessive quantities of zinc due to the method of dehydration in practice in the Orient, a zinc limit of 150 parts per million was put into force. Shortly after the United States and Canada began to refuse entry to these objectionable goods, a marked improvement in the quality became evident; due doubtless to the installation of modern methods of dehydration.

Nuts.—It has been found necessary to examine importations of nuts in the shell in order to prevent entry of low grade nuts, quantities of which were found on the market, and our efforts in this direction resulted in keeping out of Canada large quantities of low grade nuts. It is quite possible for this class of foodstuff to appear sound to the casual glance, yet the meats may be moldy, rancid or shrivelled. The buyer is thereby deceived, even though the article is sold cheaply. The average housewife does not always realize that a cheap article may prove more expensive in the end than the higher priced and better grade.

(10) PUBLIC WORKS HEALTH ACT

Following is a precis of the report upon the medical services and hygienic arrangements of the Welland canal, made by the Inspector of the Department of Health.

The section of canal now under construction covers a distance of approximately 13 miles, beginning at Port Weller on lake Ontario and extending in a southerly direction and ending at Port Robinson. This section is divided into subsections known as subsections 1 and 2, extending from Port Weller to North Thorold; subsections 3 and 4, extending from North Thorold to Allanburg; and subsection 5, extending from Allanburg to Port Robinson. The medical services covering these sections are arranged as follows:—

(a) A general hospital, with medical and nursing staff, placed at Homer, midway on the work of the three sections and in such a position as to allow easy transportation facilities. This hospital also constitutes the administrative centre of the service. The staff consists of:—

Medical staff—Chief medical officer, assistant medical officer.

Nursing staff—Matron in charge, assistant nurse, night nurse, as occasion demands.

Sub-staff—Cook, orderly and general man, additional help as occasion demands.

(b) A first-aid office at Thorold with an orderly in charge. Daily visits are made by one of the physicians. The services of a local physician are retained, as well, in cases where the attending physician cannot be reached at any time.

(c) Ambulance service consisting of the use of a gasoline track ambulance, a horse ambulance and the use of the Thorold motor ambulance as occasion requires.

ACTIVITIES OF THE SERVICE

These embrace sanitation and preventive medicine; medical attention and hospital care of the sick and injured; medical attention, care and special documentation of accident cases coming within the purview of the Workmen's Compensation Board; medical attention, care; reviewing of Pension Allowance; special reports, etc., of returned soldiers.

(1) *Sanitation and Preventive Medicine*.—Personal visits of inspection are made and attention drawn to any unsanitary condition or suggestion for improvement given. In addition to this, pamphlets are issued from time to time affording advice and instruction to all concerned. At intervals of a few months an inspector of the Provincial Board visits the hospital and tours the sections. It is his duty to investigate not only the sanitary arrangements, but also those for the care of the sick and injured.

(2) *Medical Attention and Hospital Care of the Sick and Injured*.—This is carried out in the following way:—

(1) By first-aid, administered by some responsible person in charge of a first-aid medical chest.

(2) By the regular trips of a doctor over the work, such visits being systematically carried out twice a week. Numerous cases of minor illness or injury are seen and attended to. In this connection it is pointed out that, owing to the convenience of the Thorold first-aid office to the work and homes of the men, employees, as a rule, prefer to go to this office in the evening for medicines or dressings than to be attended to while at work.

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(3) By special visits of a doctor to those suddenly taken ill or injured on the work. The number of these attendances is as follows:—

From the hospital.....	198
From the Thorold office.....	206
Total.....	404

(4) By visits to the sick and injured at their homes. Many men prefer to be with their relations rather than in hospital and it is the policy of this service to comply with their wishes in this respect so long as the patient's recovery is not retarded thereby. The number so attended is as follows:—

From the hospital.....	257
From the Thorold office.....	986
Total.....	1,243

(5) By attention given to the sick and injured coming as out-patients to the hospital or the Thorold office. These men attend for the treatment of minor or more chronic complaints, and for surgical dressings. The number is as follows:—

At the hospital.....	513
At the Thorold office.....	1,867
Total.....	2,380

(6) By the attention and care given in the wards of the hospital. These cases constitute the more serious cases of disease or injury. The hospital records give the following figures:—

Month	In Hospital	Admitted	Discharged	Died
April.....	Nil	1	Nil	Nil
May.....	1	Nil	"	"
June.....	1	"	1	"
July.....	Nil	1	1	"
August.....	"	6	4	"
September.....	2	5	5	"
October.....	2	3	1	"
November.....	4	4	3	"
December.....	5	8	9	"
January.....	4	8	7	"
February.....	55	4	3	"
March to 15th.....	5	5	Nil	1 (15th)
Totals.....	(Not applicable)	45	34	1

*Hospital days, 885.

*NOTE.—A hospital day signifies the care of one patient for one day.

Particulars of attention given	April 1, 1920, to Mar. 15, 1921	Mar. 15, 1921, to Mar. 31, 1921	Totals
Special visits to sick or injured on the work.....	404	26	430
Men visited at their own homes.....	1,243	60	1,303
Out-patients attended at the hospital or Thorold office.....	2,380	120	2,500
Bed-patients in the hospital.....	45	6	51
Hospital days.....	885	42	927

The first point of call of the inspector was to the hospital at "Homer," which is situated at a point about midway of the work and at a distance of

three miles from St. Catharines. It consists of an office, waiting-room, three wards and an operating room. Each ward comprises ten beds, making thirty in all. At the time of the inspector's visit there were ten beds in use. The patients were chiefly surgical cases; a number of fractures and one amputation. There is, unfortunately at present, not any "infectious disease" hospital, nor any suitable arrangement for reception of infectious patients in the present hospital. It is customary to place infectious patients in tents. Dr. McCombe, who is the physician in charge of the medical services, informed the inspector that there was at one time a small building used for this purpose, but this has outlived its usefulness. Dr. McCombe has brought the need for such a building to the attention of the contractors and engineers in charge of the work and is hoping that this need will soon be met.

The inspector's next visit was one of inspection of the quarters of the employees and the hygienic arrangements and medical services of sections 1 and 2; 3 and 4; and 5, which comprise all of the work now going on.

Sections 1 and 2 begin at Port Weller and extend to North Thorold. There are under construction in this area two huge concrete locks. Lock No. 1 is situated at Port Weller. There are employed over this area approximately 800 men. Of these 800, over 575 live in St. Catharines, leaving approximately 225 living in quarters in these sections. The quarters consist of sleeping cabins, dining-rooms and latrines, each separate and distinct buildings. The sleeping quarters, with one exception, are long, one-storey wooden buildings, approximately twelve feet in height at the highest point. The lighting is adequate, but the only ventilation is that provided by doors and windows. The beds consist of double decker bunks, placed along the walls. In some cases the building is partitioned into private rooms, each room containing two bunks. In some buildings individual sinks for ablution purposes are provided at one end of the building; in others, a trough with individual water taps is in use. The buildings are well lighted, but facilities for ventilation are inadequate. Louvred openings in the roof would be helpful. Bed coverings and personal linen are laundered in St. Catharines. Bed coverings are supplied by the contractors and are plentiful.

At lock No. 2 in this section there is an old farm house which is used for housing the employees of one of the subcontractors, Aikens and Innes. This building is antiquated, dilapidated, filthy, badly lighted—nearly all windows boarded up to replace broken glass—badly ventilated—holes in boarded windows stuffed with old bags—and totally unfit for human habitation. The engineer told the inspector that this building would not be used after last fall as the contract in that district would shortly be completed.

Dining-rooms.—These are first-class in every way; clean; well lighted and ventilated; windows screened from flies; facilities provided for ablution before meals; water for washing dishes, chlorinated.

Latrines.—These are well constructed, small outhouses. The majority are built over a pit but a number are provided with buckets. With few exceptions, they are screened from flies and chlorinated. As a matter of fact, the men defecate to a great extent in the open, especially during the summer months, which is not devoid of danger during the fly season.

Water Supply.—Water was originally supplied by superficial wells consisting of a pipe sunk in the ground with pump attached. There were twelve of these. In July and August of 1921, there was an epidemic of diarrhoea of somewhat alarming proportions and, in consequence, the well water was examined and, as a result, ten of the twelve wells were condemned. The water is now brought to these two sections from St. Catharines in barrels. The barrels

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are frequently chlorinated. In addition, there is a large tank which is filled with water from lake Ontario. Each time this tank is filled, the water is chlorinated. This water is used chiefly for ablution purposes, but may safely be used for drinking. The ground around the buildings is kept free from rubbish.

Sections 3 and 4.—There are employed in these sections about 850 men, nearly all of whom live in Thorold. There is only one camp and dining-room in these sections. This is known as Rigby's camp. There are only 28 men living here. The buildings and out-houses are clean, well lighted and there is no over-crowding. At a central point in these two sections there is a "first-aid" hospital. This is in charge of an orderly who looks after the patient and does whatever is necessary while awaiting the arrival of the physician. In serious cases a local physician, who is employed for this purpose, is called.

Section 5.—This section extends from Allanburg to Port Robinson. Dredging only is being done on this section and the majority of the 200 men employed in that work live on dredges or tugs. The drinking water for the dredges and tugs is taken from the town of Thorold. Sewage from these barges and tugs is thrown into the canal, but as the canal water is not used for drinking purposes, no harm results.

A number of men employed on this section, approximately 40 in number, sleep and eat in an old hotel, known as Campbell's Hotel. This building is about one hundred years old. It is very dilapidated and in its present condition considered unfit for use. Unless thoroughly cleaned and renovated and the number of inhabitants restricted, it was recommended that it be condemned.

CONCLUSION

The inspector found that the provisions and regulations of "The Public Works (Health) Act" were with one or two exceptions, satisfactorily carried out. Ample provision is made for medical attendance, both in hospitals, in the homes and at the emergency first aid stations.

The hygienic arrangements of the several camps are, in the main, good. Provision is made for a pure water supply and the sewage from buildings and boats is in no way injurious to the health of the employees.

(11) FINANCIAL STATEMENT

STATEMENT of Expenditure for the Fiscal Year 1922-23

Service	Gross Expend- iture	Refunds to Appro- priations	Net Expend- iture
	\$ cts.	\$ cts.	\$ cts.
The administration of the Acts respecting Food and Drugs, Honey and Maple Products and Opium and Narcotic Drugs.....	114,432 63	2,868 04	111,564 59
Proprietary or Patent Medicines.....	2,633 51		2,633 51
Marine Hospitals, including grants to institutions assisting sailors..	118,350 66	3,623 88	114,726 78
Quarantine: Salaries and contingencies of organized districts; Pub- lic health in other districts; Tracadie and D'Arcy Island Lazarettoes; Public Works Health Act.....	227,328 83	2,326 83	225,002 00
Immigration Medical Inspection.....	50,025 15	93 43	49,931 72
Medical Research—Standardizing and Testing Laboratory.....	1,630 16	18 46	1,611 70
Venereal Diseases.....	189,927 85		189,927 85
Civil Government Salaries.....	129,317 12		129,317 12
Civil Government Contingencies.....	53,354 04	1,344 89	52,009 15
Provisional Bonus Allowance.....	21,677 18	671 56	21,005 62
Miscellaneous Gratuities.....	453 33		453 33
Reclassification Arrears.....	900 00		900 00
Superannuation No. 4.....	3,606 72		3,606 72
Medical Research Committee.....	2,000 00		2,000 00
Canadian National Council of Child Welfare.....	5,000 00		5,000 00
Canadian National Council for Combating Venereal Diseases.....	5,000 00		5,000 00
	925,637 18	10,947 09	914,690 09

STATEMENT of Revenue Collected from Various Sources for the Fiscal Year
1922-23

Service	Total Revenue	Refunds	Net Revenue
	\$ cts.	\$ cts.	\$ cts.
"A"—Food and drugs.....	15,833 53	90 00	15,743 53
"B"—Opium and narcotic drugs.....	18,875 64	1,390 00	17,485 64
"C"—Patent medicines.....	6,679 00	159 00	6,520 00
"D"—Sick Mariners' dues.....	161,758 85	748 92	161,009 93
"E"—Casual revenue.....	5,436 89	212 98	5,223 91
Total.....	208,583 91	2,600 90	205,983 01

"A"—FOOD AND DRUGS REVENUE FOR 1922-1923

	Analysis	Fines and Forfeitures	Costs	Total
	\$ cts.	\$ cts.	\$ cts.	\$ cts.
Nova Scotia.....	30 00	150 00	60 00	240 00
New Brunswick.....	10 00	100 00	40 00	150 00
Prince Edward Island.....		50 00	20 00	70 00
Quebec.....	102 00	2,632 96	920 00	3,654 96
Ontario.....	7,658 15	2,250 00	1,087 67	10,995 82
Manitoba.....	287 00	150 00	60 00	497 00
Saskatchewan.....	11 00	75 00	9 75	95 75
British Columbia.....	40 00	75 00	10 00	125 00
Foreign.....	5 00			5 00
	8,143 15	5,482 96	2,207 42	15,833 53
Less Refunds.....		75 00	15 00	90 00
	8,143 15	5,407 96	2,192 42	15,743 53

"B"—OPIUM AND NARCOTIC DRUGS REVENUE

	Business Licenses	Import Licenses	Export Licenses	Fines and Forfeitures	Total
	\$ cts.	\$ cts.	\$ cts.	\$ cts.	\$ cts.
Nova Scotia.....	90 00			567 50	657 50
New Brunswick.....	120 00			252 20	372 20
Quebec.....	1,160 00	605 00	30 00	4,287 00	6,082 00
Ontario.....	1,050 00	165 00	5 00	5,267 50	6,487 50
Manitoba.....	235 00			1,400 00	1,635 00
Saskatchewan.....	115 00			1,104 36	1,219 36
Alberta.....	145 00			662 50	807 50
British Columbia.....	120 00			1,489 58	1,609 58
Foreign.....		5 00			5 00
	3,035 00	775 00	35 00	15,030 64	18,875 64
Less Refunds.....		5 00		1,385 00	1,390 00
	3,035 00	770 00	35 00	13,645 64	17,485 64

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"C"—PATENT MEDICINES REVENUE

	Fines and Forfeitures	Registration Fees at \$2 each	License Fees at \$1 each	Total
	\$ cts.	\$ cts.	\$ cts.	\$ cts.
Nova Scotia.....		36 00	133 00	169 00
New Brunswick.....		20 00	142 00	162 00
Prince Edward Island.....		10 00	7 00	17 00
Quebec.....	51 00	498 00	1,404 00	1,953 00
Ontario.....		716 00	2,094 00	2,810 00
Manitoba.....	10 00	80 00	185 00	275 00
Saskatchewan.....		22 00	38 00	60 00
Alberta.....		44 00	84 00	128 00
British Columbia.....		60 00	135 00	195 00
Foreign.....		172 00	738 00	910 00
	61 00	1,658 00	4,960 00	6,679 00
Less Refunds.....		64 00	95 00	159 00
	61 00	1,594 00	4,865 00	6,520 00

"D"—SICK MARINERS' DUES REVENUE

	Total Revenue	Refunds	Net Revenue
	\$ cts.	\$ cts.	\$ cts.
Nova Scotia.....	35,657 76	390 30	35,267 46
New Brunswick.....	20,594 42	76 84	20,517 58
Prince Edward Island.....	757 12		757 12
Quebec.....	54,432 88	179 30	54,253 58
British Columbia.....	50,316 67	102 48	50,214 19
	161,758 85	748 92	161,009 93

"E"—CASUAL REVENUE

	Total Revenue	Refunds	Net Revenue
	\$ cts.	\$ cts.	\$ cts.
Sale of properties.....	3,500 00		3,500 00
Sale of sundries.....	15 00		15 00
Fumigation certificates.....	30 00		30 00
Miscellaneous refunds to previous years appropriations.....	1,891 89	212 98	1,678 91
	5,436 89	212 98	5,223 91

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STATEMENT Showing the Net Amount of Sick Mariners' Dues Collected at Each Port and Outport

PROVINCE OF NOVA SCOTIA

Ports and Outports	Net Revenue	Ports and Outports	Net Revenue
	\$ cts.		\$ cts.
Amherst.....		Kentville.....	
Tidnish.....	4 00	Kingsport.....	86 14
Pugwash.....	46 96		
Joggins Mines.....	71 84	Liverpool.....	201 92
	122 80	Port Medway.....	16 84
Annapolis Royal.....	8 12		218 76
Clementsport.....	10 02	Lockeport.....	23 04
Port Wade.....	4 00		
Bridgetown.....	4 24	Lunenburg.....	458 46
	26 38	LaHave.....	204 92
Arichat.....	2 00	Mahone Bay.....	7 42
St. Peters.....	59 28	Riverport.....	24 24
River Bourgeois.....	4 00		695 04
Descousse.....	2 00		
L'Ardoise.....	2 00	North Sydney.....	1,504 96
Petit de Grat.....	16 00	Little Bras d'Or.....	83 76
	85 28		1,588 72
Baddeck.....	2 00	Parsboro.....	343 38
Munroe's Point.....	259 22	Apple River.....	31 00
	261 22	Port Greville.....	17 36
Barrington Passage.....	12 88	Spencer's Island.....	21 86
Wood's Harbour.....	8 78	Advocate Harbour.....	7 08
Clark's Harbour.....	14 26	Five Islands.....	11 50
Shag Harbour.....	0 22		432 18
Port LaTour.....	3 24	Pictou.....	243 14
	39 38	Tatamagouche.....	2 10
Bridgewater.....	69 32		245 24
Canso.....	61 44	Port Hawkesbury.....	18 28
Liscomb.....	10 56	Port Hastings.....	115 36
Larry's River.....	2 00		133 64
Guysborough.....	14 18	Port Hood.....	
Sherbrooke.....	38 74	Cheticamp.....	24 00
Queensport.....	2 00	Margaree.....	6 00
	128 92	Grand Etang.....	5 00
Digby.....	162 64		35 00
Bear River.....	17 92	Shelburne.....	72 38
Westport.....	27 30	North East Harbour.....	3 88
Freeport.....	8 70	Sandy Point.....	53 24
Tiverton.....	4 00		129 50
	220 56	Sydney.....	5,565 20
Halifax.....	21,846 54	Louisburg.....	943 76
Sheet Harbour.....	51 76		6,508 96
Spry Bay.....	4 00	Truro.....	
Ingram Port.....	13 78	Little Bass River.....	31 98
Mosers River.....	2 00		
Hubbards.....	7 76		
Port Dufferin.....	4 22		
	21,930 06		

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NOVA SCOTIA—Continued

Ports and Outports	Net Revenue	Ports and Outports	Net Revenue
	\$ cts.		\$ cts.
Weymouth.....	18 38	Yarmouth.....	322 20
Church Point.....	10 76	N.E. Pubnico.....	9 94
Meteghan.....	14 22	Wedgeport.....	2 94
Belliveau's Cove.....	31 40	Abbotts Harbour.....	0 32
Salmon River.....	4 00	Port Maitland.....	8 00
	78 76		343 40
Windsor.....	1,005 14		
Walton.....	354 44		
Hantsport.....	472 72		
Cheverie.....	2 00		
Noel.....	16 42		
	1,850 72		

PROVINCE OF NEW BRUNSWICK

Bathurst.....	94 14	Newcastle.....	291 04
Caraquet.....	20 00		
Shippegan.....	2 00	Sackville.....	
	116 14	Port Elgin.....	6 08
Campbellton.....	392 20	St. Stephen.....	75 62
Dalhousie.....	150 82	St. Andrews.....	23 24
	543 02	Grand Harbour.....	8 00
Chatham.....	657 58	North Head.....	32 32
Richibucto.....	133 46	Lord's Cove.....	20 00
Buctouche.....	10 02		83 56
	801 06	St. John.....	17,958 36
Fredericton.....	5 32	St. George.....	80 46
Moncton.....	5 68	St. Martins.....	142 52
Hillsboro.....	353 26	Beaver Harbour.....	12 00
Alma.....	64 82	Chance Harbour.....	8 00
Shediac.....	26 66		18,201 34
Albert.....	3 28		
Waterside.....	15 16		
Harvey.....	28 60		
	497 46		

PROVINCE OF PRINCE EDWARD ISLAND

Charlottetown.....	486 38	Summerside.....	17 50
Souris.....	33 34	Miminegash.....	10 00
Crapaud.....	4 24	Alberton.....	13 30
Grand River.....	2 66	Tignish.....	2 00
Murray River.....	4 40		42 80
Murray Harbour.....	6 00		
Georgetown.....	18 86		
Montague.....	36 32		
Vernon River Bridge.....	1 52		
	593 72		

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PROVINCE OF QUEBEC

Port and Outports	Net Revenue	Port and Outports	Net Revenue
	\$ cts.		\$ cts.
Gaspe.....	397 90	Rimouski.....	105 82
Montreal.....	40,772 40	Matane.....	131 90
Paspebiac.....	112 72		237 72
Carleton.....	4 00	Sorel.....	13 12
Port Daniel.....	5 88	St. Johns.....	1,077 28
New Richmond.....	73 98	Three Rivers.....	1,009 54
	196 58		
Quebec.....	9,025 20		
Chicoutimi.....	239 04		
Port Alfred.....	833 56		
Seven Islands.....	219 80		
Magdalene Islands.....	69 98		
Bonne Esperance.....	88 34		
Levis.....	73 12		
	10,549 04		

PROVINCE OF BRITISH COLUMBIA

Nanaimo.....	1,731 46	Vancouver.....	26,213 48
Chemanius.....	150 22	Alert Bay.....	6 00
Union Bay.....	666 06	Powell River.....	329 28
Ladysmith.....	598 18	Britannia Beach.....	11 52
Port Alberni.....	515 94		26,560 28
Kildonan.....	235 84		
	3,897 70		
New Westminster.....	530 54	Victoria.....	17,606 85
White Rock.....	80 26	Tofino.....	25 54
Stevetson.....	34 40	Sidney.....	368 48
	645 20	Quatsino.....	226 46
Prince Rupert.....	603 54	Port Renfrew.....	6 00
Anyox.....	83 36		18,233 33
Ocean Falls.....	190 78		
	877 68		